



Office of the Registrar - Cape Cod Community College -  
Student Immunization Records 2240 Iyannough Road, West Barnstable, MA 02668  
774-330-4331 • Fax: 508-375-4039 • [immunizations@capecod.edu](mailto:immunizations@capecod.edu)

## Tuberculosis (PPD) Skin Test

Dose: \_\_\_\_\_

Product Name: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Lot#: \_\_\_\_\_

Expiration date: \_\_\_\_\_

.....

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE PLANTED: \_\_\_\_\_ ADMINISTERED BY: \_\_\_\_\_

SITE: R L Forearm

DATE READ: \_\_\_\_\_ SIGNATURE OF READER: \_\_\_\_\_

INTERPRETATION: \_\_\_\_\_ MM INDURATION: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

HEALTHCARE FACILITY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

**TST (Tuberculin Skin Test) must be read within 48 to 72 hours by an RN, APRN or MD.**