

TUBERCULOSIS SKIN TEST



Return this form to:
Pacific Union College
Health Services
One Angwin Avenue
Angwin, CA 94508
Attn: Health Services

Phone (707) 965-6339
Fax (707) 965-6243

Name:

Last

First

Middle

PUC ID Number (if issued): _____

Lot #: _____ Manufacturer: _____

Expiration date: _____

Date given: _____ Signature: _____

Date read: _____ Signature: _____

Induration: _____ mm

Name and address of medical practice where received:
