



HEALTHCARE  
LICENSED  
PERSONNEL, LLC  
*est. 2004*

Employee Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**1st STEP TB**

Serum Lot # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Date Administered: \_\_\_\_\_

Site Administered : LEFT FOREARM \_\_\_\_\_ RIGHT FOREARM \_\_\_\_\_

Administered by: \_\_\_\_\_

Print: \_\_\_\_\_ Title: \_\_\_\_\_

(Must not be an MA)

Date READ: \_\_\_\_\_ RESULTS: \_\_\_\_\_ **mm** ( **mm ONLY ex. 0.0 mm** )

Read by: \_\_\_\_\_

Print: \_\_\_\_\_ Title: \_\_\_\_\_

(Must not be an MA)

Address of the location & phone number where the tests have been completed:

\_\_\_\_\_