

**Resource Center for Independent Living (RCIL) & At Home Independent Care, Inc.
Mantoux (TB) Report Form**

Required: Pre-employment and Annually

This section to be completed by EMPLOYEE:

Name:		Date of Birth:
Address:		
Telephone:	()	Email:

This section to be completed by PROVIDER:

All LPN interpretations must be cosigned by a licensed RN, FNP, MD, PA or DO.

Date Placed:	Injection Site:	Lot#:	Administered by Print//Title:
Time:	Left or Right Forearm	Expiration Date: Test Manufacturer: Test Solution Used:	Signature/Title:
Date Read:	Results:	Size of Reaction (in millimeters): *	Read by Print//Title:
Time:			Signature/Title:

*For positive Mantoux readings (≥ 10 mm) please attach the associated chest x-ray.

If you believe this individual should be exempt from a Mantoux test for medical reasons, please indicate why and if you would recommend this test at a later date:

- This individual does not show symptoms of active tuberculosis. I do not have any recommendations for further testing at this time.
- This individual shows symptoms indicating suspected or active tuberculosis disease and is under my care. The individual will not be permitted to work until the Agency receives a note from me stating that the conditions outlined below have been met. Please attach the recommended course of action.

Examiner (Print Name):	(RN, FNP, MD, PA, DO)	Date:
Signature:	Telephone:	
Address:		

Please return to:

**The Resource Center for Independent Living
Attn: Human Resource Dept. *Confidential*
409 Columbia Street, PO Box 210
Utica, NY 13503-0210
Phone: (315) 797-4642
Confidential Fax: 1 (888) 959-4260 or 315-272-2954
Email: hrmedical@rcil.com**