



**HIGHLANDS
REGIONAL**
The Medical Center of Eastern Kentucky

TB SKIN TEST

NAME: Shah (Last) Tushar (First)
DATE OF BIRTH: 7/26/1966 (M/D/Y) SS# 079-48-2900
ADDRESS _____ (Street) _____ (City) Ky (State) _____ (Zip)

Date TB skin test given: 11/14/15

Type of Test: Tuberculin (Mantoux) Aplisol/Tubersol 5TU/0.1CC Site given: Left / Right arm

Date TB Skin Test Read: 1/19/15

Result: Ø MM Induration

MD/RN Signature: Vickie Risner RN, MSN