



**KAMEHAMEHA SCHOOLS
Medical Services**

MANTOUX TUBERCULIN SKIN TEST

Name: _____ Birth date: _____
Last First Middle Initial

New Hire _____ CDL Only _____ Parent Volunteer Student Volunteer
Department Department

Address: _____
Street Address

City State Zip Code

Date of Last TB Skin Test: _____

Reaction (if any): _____

Have you received any vaccinations within the past 6 weeks? Yes No

If YES, which vaccines did you receive? _____

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 Medical Services Staff to Complete

Dr. Maile Jachowski, Medical Director *MJ*

MANTOUX TUBERCULIN SKIN TEST (TST)

Date Given: _____ Time Given: _____ Site: Right Forearm Left Forearm

Manufacturer Name	Brand Name of PPD Solution	Lot #	Expiration Date

Administered by: _____
Name and Title

Date Read: _____ Time Read: _____ Results: _____ mm induration

Read by: _____
Name and Title

Comments: _____

Kamehameha Schools Kapalama
 1887 Makuakane Street
 Honolulu, Hawaii 96817

Kamehameha Schools Maui
 275 A'apueo Parkway
 Pukalani, Hawaii 96768

Kamehameha Schools Hawaii
 16-714 Volcano Road
 Keaau, Hawaii 96749