



REPUBLIC OF TÜRKİYE
MINISTRY OF HEALTH

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DOCUMENT OF TUBERCULIN SKIN TEST (TST) RESULT NOTIFICATION

Name Surname :

ID Number :

Testing Date :

Testing Location :

Reading Date :

Reading Location :

Induration : mm

TST Result : Positive Negative

Scar of BCG vaccine : Exist number/s Absent

Doctor
Name, Signature