
____/____/____

All students must complete either section or below. Please refer to the VCOM Immunization Policy for detailed instructions and explanation.

Test 1:

Date given: ____/____/____(Mo/Day/Yr) Date read: ____/____/____(Mo/Day/Yr)

Result: _____mm (Record actual mm of induration, transverse diameter; if no induration, write "0")

Test 2: **(Must be administered at least 7 days after 1st Reading)**

Date given: ____/____/____(MoDayYr) Date read: ____/____/____(MoDayYr)

Result: _____mm (Record actual mm of induration, transverse diameter; if no induration, write "0")
