



REPUBLIC OF TÜRKİYE  
MINISTRY OF HEALTH

.....

**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