



ACADEMY FOR URBAN LEADERSHIP | CHARTER SCHOOL

# *A Public School*

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## MANTOUX TEST- TO BE COMPLETED BY PHYSICIAN

NAME: \_\_\_\_\_

RECEIVED MANTOUX TEST ON: \_\_\_\_\_

MANTOUX TEST WAS ADMINISTERED IN MY: \_\_\_\_\_

RESULTS OF MANTOUX TEST: \_\_\_\_\_

DATE RESULTS WERE READ: \_\_\_\_\_

PHYSICIAN'S SIGNATURE \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

(Return to the Human Resource Department)