
MEDICAL CERTIFICATE

TUBERCULIN SKIN TEST / MANTOUX TEST

Patient's name: _____

Date of birth: ____ / ____ / ____
 day month year

This is to certify that the above named person has been tested with Tuberculin Skin Test (PPD / Mantoux-test) and found to be

- negative
 positive (____ mm)

Please note that a smaller PPD-reaction is rarely a sign of classical (real) tuberculosis, but is caused either by a previously received BCG-vaccination or that the person is infected with harmless - but in the nordic countries unusual - mycobacteria.

Date: ____ / ____ / ____
 day month year

Official stamp of medical unit

Physician's signature:
