RETURN FOR TUBERCULIN SKIN TEST READING Please return for reading: Date_____ Time_____ WEST VIRGINIA DEPARTMENT OF HEALTH TB Elimination Program October 2024 **TB-61** RETURN FOR TUBERCULIN SKIN TEST READING Please return for reading: Day____ Date_____ Time WEST VIRGINIA DEPARTMENT OF HEALTH TB Elimination Program October 2024 **TB-61** RETURN FOR TUBERCULIN SKIN TEST READING Please return for reading: Date Time WEST VIRGINIA DEPARTMENT OF HEALTH TB Elimination Program October 2024 **TB-61** RETURN FOR TUBERCULIN SKIN TEST READING Please return for reading: Date____ Time_____

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TB-61

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