

TUBERCULIN TEST RECORD (Special)

USDA, APHIS, VS

HERD OWNER - LAST NAME			FIRST NAME		INITIAL	REASON FOR CFT OR SCT			DATE INJECTED			CFT OR SCT TEST			
						AREA 1	HERD RETEST 6		CFT OR SCT	COMPARATIVE CERVICAL		COMPLETE HERD TEST OF ALL ELIGIBLE ANIMALS		NO. OF ELIGIBLE ANIMALS IN HERD	
ROUTE - STREET - ROAD			HERD(RE) ACCREDIT. 2			TRACING REG. KILL 7		RETEST OF CFT/SCT SUSPECTS			<input type="checkbox"/> YES <input type="checkbox"/> NO IF NO				
POST OFFICE			STATE (Including Zip Code)			MILK ORDINANCE 3	TRACING REACTORS 8	CC TEST RESULTS			<input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD				
						SALE - SHOW 4	TRACING EXPOSED 9	NEG	SUS	REA	TOTAL	KIND OF HERD			
						IMPORTED 5	OTHER 10					<input type="checkbox"/> DEER <input type="checkbox"/> ELK			
COUNTY			TOWNSHIP		SECTION	HERD NO.		TUBERCULIN	SERIAL NO.	LICENSE NO.	LOCATION OF CC TEST				
								AVIAN			<input type="checkbox"/> RIGHT SIDE OF NECK				
								MAMMALIAN			<input type="checkbox"/> LEFT SIDE OF NECK				

ANIMAL NUMBER	OFFICIAL IDENTIFICATION NUMBER	OTHER IDENTIFICATION	AGE	BREED	SEX	AVIAN PPD (UPPER)			BOVINE PPD (LOWER)			PREVIOUS CFT OR SCT RESPONSE	CLASSIFICATION (CC TEST) (N S R)	REACTOR TAG NUMBER	REMARKS	
						SKIN THICKNESS		Milli-meters	SKIN THICKNESS		Milli-meters					
						Milli-meters	Milli-meters		Milli-meters	Milli-meters						
						Normal	72 Hours	Increase	Normal	72 Hours	Increase					
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																
13																
14																
15																

SIGNATURE	TITLE	DATE
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COPY DESIGNATIONS

PART 1 - FEDERAL OFFICE

PART 2 - STATE OFFICE

PART 3 - OWNER COPY

PART 4 - REGIONAL EPIDEMIOLOGIST

PART 5 - VETERINARIAN COPY