

TUBERCULIN TEST RECORD (Special)

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)		3	TRACING REACTORS	8	CC TEST RESULTS				<input type="checkbox"/> 1ST	<input type="checkbox"/> 2ND	<input type="checkbox"/> 3RD			
COUNTY		TOWNSHIP	SECTION	HERD NO.		4	TRACING EXPOSED	9	NEG	SUS	REA	TOTAL	KIND OF HERD	<input type="checkbox"/> DEER	<input type="checkbox"/> ELK			
						5	OTHER	10	AVIAN				CATTLE	<input type="checkbox"/> BISON	<input type="checkbox"/> OTHER			
									MAMMALIAN				LOCATION OF CC TEST	<input type="checkbox"/> RIGHT SIDE OF NECK				
														<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		Millimeters	SKIN THICKNESS							Millimeters		
						Millimeters	Millimeters		Normal	72 Hours							Normal	72 Hours
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		
13																		
14																		
15																		
SIGNATURE						TITLE								DATE				

**COPY DESIGNATIONS**

**PART 1 - FEDERAL OFFICE**

**PART 2 - STATE OFFICE**

**PART 3 - OWNER COPY**

**PART 4 - REGIONAL EPIDEMIOLOGIST**

**PART 5 - VETERINARIAN COPY**