

**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			
								MILK ORDINANCE		3		TRACING REACTORS		8		NEG		SUS
POST OFFICE				STATE (Including Zip Code)		SALE - SHOW		4			9				CC TEST RESULTS			
								IMPORTED		5		OTHER		10		TUBERCULIN		SERIAL NO.
COUNTY		TOWNSHIP		SECTION		HERD NO.		AVIAN			SERIAL NO.		LICENSE NO.		<input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/> DEER <input type="checkbox"/> ELK <input type="checkbox"/> CATTLE <input type="checkbox"/> BISON <input type="checkbox"/> OTHER			
								MAMMALIAN							<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			SKIN THICKNESS						
						Milli-meters	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			
-----------	--	--	--	--	--	-------	--	--	--	--	--	------	--	--	--

**COPY DESIGNATIONS**

**PART 1 - FEDERAL OFFICE**

**PART 2 - STATE OFFICE**

**PART 3 - OWNER COPY**

**PART 4 - REGIONAL EPIDEMIOLOGIST**

**PART 5 - VETERINARIAN COPY**