

TUBERCULIN TEST RECORD (Special)

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

ANIMAL	OFFICIAL IDENTIFICATION NUMBER	OTHER IDENTIFICATION	AGE	BREED	SEX	AVIAN PPD (UPPER)			BOVINE PPD (LOWER)			PREVIOUS CFT OR SCT REACTION	CLASSIFICATION (CC TEST)	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
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According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0146. The time required to complete this information collection is estimated to average .42 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB APPROVED  
0579-0146  
EXP. DATE  
XX/XX/XXXX