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OMB APPROVED
0579-0146
EXP. XX/XXXX

**UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES**

TUBERCULIN TEST RECORD (*Special*)

| | | | | | | | | | | | | |
|----------------------------------------|--|--|--|-----------------------|---------------------|----------------------------------------------------------------------------------------|----------------------|------------|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------|
| HERD OWNER - LAST NAME, FIRST MI | | | | 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 <input type="checkbox"/> YES <input type="checkbox"/> NO | | NO. OF ELIGIBLE ANIMALS IN HERD IF "NO" |
| POST OFFICE STATE (including ZIP Code) | | | | HERD (RE)ACCREDIT 2 | TRACING REG. KILL 7 | RETEST OF CFT/SCT SUSPECTS <input type="checkbox"/> YES <input type="checkbox"/> NO | | | COMPARATIVE RETEST <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND | | | |
| COUNTY TOWNSHIP SECTION HERD NO. | | | | MILK ORDINANCE 3 | TRACING REACTORS 8 | CC TEST RESULTS | | | | KIND OF HERD <input type="checkbox"/> DEER <input type="checkbox"/> BISON <input type="checkbox"/> ELK <input type="checkbox"/> OTHER <input type="checkbox"/> CATTLE _____ | | |
| | | | | SALE - SHOW 4 | TRACING EXPOSED 9 | NEG | SUS | REA | TOTAL | LOCATION OF CC TEST <input type="checkbox"/> RIGHT SIDE OF NECK <input type="checkbox"/> LEFT SIDE OF NECK | | |
| | | | | IMPORTED 5 | OTHER 10 | TUBERCULIN | | SERIAL NO. | | | | |
| | | | | | | AVIUM | | | | | | |
| | | | | | | BOVIS | | | | | | |

| ANIMAL NUMBER | OFFICIAL IDENTIFICATION NUMBER | OTHER IDENTIFICATION | AGE | BREED | SEX | AVIUM PPD (UPPER) | | | BOVIS PPD (LOWER) | | | PREVIOUS CFT OR SCT RESPONSE | CLASSIFICATION (CC TEST) (N S R) | REMARKS |
|---------------|--------------------------------|----------------------|-----|-------|-----|-------------------|-------------|-------------|-------------------|-------------|-------------|------------------------------|----------------------------------|---------|
| | | | | | | SKIN THICKNESS | | mm INCREASE | SKIN THICKNESS | | mm INCREASE | | | |
| | | | | | | mm NORMAL | mm 72 HOURS | | mm NORMAL | mm 72 HOURS | | | | |
| 1 | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | | | |

| | | |
|-----------|-------|------|
| SIGNATURE | TITLE | DATE |
|-----------|-------|------|