| | **HOSPITAL SULTAN ABDUL AZIZ SHAH**<br>**UNIVERSITI PUTRA MALAYSIA**<br>**Kod Dokumen: HSAAS/UKA/BR43** |
| --- | --- |
| | **MANTOUX TEST REFERRAL FORM** |

**SECTION A: PATIENT'S DETAIL**

**Name:**
**IC No :**
**Age :**
**MRN :**
**Gender : M / F**

**Phone No :**
**Unit/Clinic/Ward :**
**Date of referral :**
**Referring Medical Officer/Stamp :**

**SECTION B: CLINICAL HISTORY**

| No. | Reason for Screening | √ |
| --- | --- | --- |
| 1. | Contact | |
| 2. | Pre-Placement | |
| 3. | Pre-Transfer | |
| 4. | Pre-Retirement | |
| 5. | Periodic | |
| 6. | Others | |

| No. | Symptoms | √ |
| --- | --- | --- |
| 1. | Cough > 2weeks | |
| 2. | Hemoptysis | |
| 3. | Night sweats | |
| 4. | Loss of weight | |
| 5. | Loss of appetite | |
| 6. | Palpable lymph nodes | |

Previous Mantoux :
No
Yes : Date :
Result: _______ mm
Adverse Reaction to Previous Mantoux : No / Yes : _____________________

Contraindication for Mantoux :
No
Yes : _________________________

Current Issue and History:

Impression:

**SECTION C: TO BE FILLED BY OCCUPATIONAL MEDICINE CLINIC**

Result:

| **Mantoux** | **Details/Test Site** | **Staff Sign and Stamp** |
|---|---|---|
| **Date of Administration** | | |
| **Date of reading** | | |
| **Transverse Induration** | **mm** | |

**Remarks** :