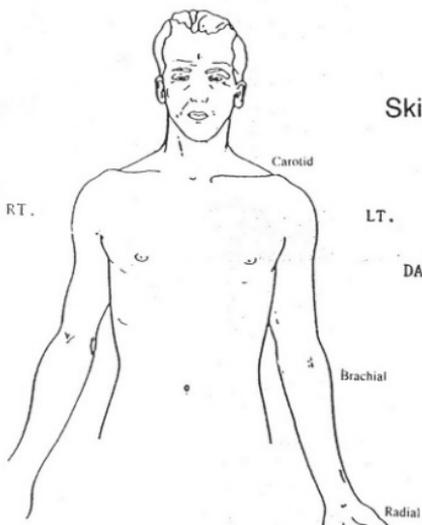


Skin Testing Map



DATE OF TEST: _____

TYPE OF TEST	LOT#	LOCATION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

READINGS

24 hours: # 1 _____
 # 2 _____
48 hours: # 1 _____
 # 2 _____
72 hours: # 1 _____
 # 2 _____

Please measure and report finding in millimeters (mm) of induration noted. Record 0 (zero) mm if no induration is noted.

Name: _____ DOB: _____

