



Tuberculosis Control Branch
STATE OF HAWAII
DEPARTMENT OF HEALTH
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Documentation Requirements for TST and Chest X-Rays Performed by Private Practitioners¹

Mantoux Tuberculin Skin Test (TST) Documentation Requirements:

- The information must be printed or written on a document that has the name, address, and telephone number of the practitioner and/or health care setting.
- The date on which the TST was administered must be indicated.
- The date on which the TST was read must be indicated.
- The TST result must be the transverse diameter of induration recorded in millimeters (mm). Results such as "Negative" or "Positive" will not be accepted.
- The document must have the signature or unique stamp of the practitioner.

Chest X-Ray (CXR) Documentation Requirements:

- Practitioner statement indicating the date on which the CXR was taken and the CXR interpretation. The statement must have the signature or unique stamp of the practitioner and written on a document that has the name, address, and telephone number of the practitioner and/or health care setting.
or
- Radiology report including the location the CXR was obtained, date on which it was taken, the name of the reader of the CXR, and the interpretation.

¹ Practitioner means a physician, advanced practice registered nurse, or physician assistant licensed to practice in any of the states or territories of the United States.