Allergen Sensitivity Test Results

Name: ____________________________

Date of Test: ___ ___ / ___ ___ / ___ ___

☐ Your test showed that you were not sensitive to any of the allergens tested.

☐ Your test showed that you were sensitive to the following allergens:

☐ Dust mite
☐ Dog
☐ Cat
☐ Cockroach
☐ Mouse
☐ Rat
☐ Mold

☐ Your skin test was inconclusive.

Comments: _________________________________________________________________

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Developed as a part of the CHAMPS program.