

SECTION A

TUBERCULIN SKIN TEST RECORD (APPLICANT: COMPLETE SECTION A & B ONLY)
I HEREBY REQUEST TO BE GIVEN AN INTRADERMAL TEST

SIGNED: _____ DATE: 2/5/16

SECTION B

PRINT NAME AND MAILING ADDRESS BELOW AND COMPLETE ALL OF SECTION B

NAME _____

DATE OF BIRTH: _____ AGE _____

STREET ADDRESS _____

MALE FEMALE
TELEPHONE _____

CITY & STATE _____ ZIP CODE _____

HAVE YOU EVER BEEN GIVEN A CHEST X-RAY BY THE PUBLIC HEALTH DEPT. OF SAN DIEGO?
YES IF YES, YEAR _____ NO

SECTION C
HEALTH SVCS DEPT.

| TEST | DATE DONE | DATE READ | RESULTS | REASON FOR TEST |
|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PPD INTERMEDIATE MANUFACT. <u>S</u> LOT# _____ 0.1 mL (5TU) GIVEN | MM/DD/YR: <u>2/5/16</u> TIME: <u>9:38</u> SITE: <input checked="" type="checkbox"/> RFA <input type="checkbox"/> LFA NAME TITLE: _____ | MM/DD/YR: <u>2/8/16</u> TIME: <u>8:02 AM</u> NAME, TITLE: _____ | <u>0</u> mm INDURATION X-RAY INDICATED: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | CLOSE CONTACT <input type="checkbox"/> CASUAL CONTACT <input type="checkbox"/> BOARD OF ED. <input type="checkbox"/> OTHER <input type="checkbox"/> |

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