Chaffey College Student Health Services	Patient's name: Las	st, First
(909)652-6331	ID number	
Tuberculin Skin Test (Also known as Mantoux, PPD)	Date of Birth	
☐ Student ☐ New Emp	oloyee	Department (if employee)
solution under the skin of your forearn the presence of the T.B. bacteria) if a la	determine if you have the T.B. bacteria in your body.  m. A time of 48 to 72 hours is needed to permit the tearge raised area appears. This does <b>NOT</b> mean you ha itive reactions will be referred for a chest x-ray to de	st to react properly. The test is positive (indicatin ave T.B., but only that you have been exposed to
PLEASE READ AND MARK C	CORRECT RESPONSE TO THE. FOLLOWIN	NG QUESTIONS:
1. Have you ever had a T.B. skir	n test?	☐ YES ☐ N O
2. Were you ever told you have h	nad a positive reaction and that you were require	ed to get a chest x-ray? ☐ YES ☐ NO
3. Did you receive an immunizat	tion called BCG (immunization to prevent TB,	not used in the US)? □ YES□ NO
	e?	☐ YES☐ NO
If yes, please list:  HEREBY GIVE MY CONSENT FOR A READING WITHIN 48 TO	FOR THIS TEST. I KNOW THAT I MUST RETU	TRN TO THE HEALTH CENTER
I HEREBY GIVE MY CONSENT F FOR A READING WITHIN 48 TO I HAVE READ AND UNDERSTANI	FOR THIS TEST. I KNOW THAT I MUST RETU	RN TO THE HEALTH CENTER H SERVICES HIPPA NOTICE OF
If yes, please list: I HEREBY GIVE MY CONSENT F FOR A READING WITHIN 48 TO I HAVE READ AND UNDERSTANI PRIVACY PRACTICES, AND HA	FOR THIS TEST. I KNOW THAT I MUST RETU O 72 HOURS. D THE CHAFFEY COLLEGE STUDENT HEALT	RN TO THE HEALTH CENTER H SERVICES HIPPA NOTICE OF
If yes, please list: I HEREBY GIVE MY CONSENT F FOR A READING WITHIN 48 TO I HAVE READ AND UNDERSTANI PRIVACY PRACTICES, AND HA	FOR THIS TEST. I KNOW THAT I MUST RETU O 72 HOURS. D THE CHAFFEY COLLEGE STUDENT HEALT OVE BEEN GIVEN A PERSONAL COPY FOR M	RN TO THE HEALTH CENTER H SERVICES HIPPA NOTICE OF
If yes, please list: I HEREBY GIVE MY CONSENT F FOR A READING WITHIN 48 TO I HAVE READ AND UNDERSTANI PRIVACY PRACTICES, AND HA  Date	FOR THIS TEST. I KNOW THAT I MUST RETU D 72 HOURS. D THE CHAFFEY COLLEGE STUDENT HEALT. VE BEEN GIVEN A PERSONAL COPY FOR M Signature	RN TO THE HEALTH CENTER H SERVICES HIPPA NOTICE OF
If yes, please list:  I HEREBY GIVE MY CONSENT F FOR A READING WITHIN 48 TO I HAVE READ AND UNDERSTANI PRIVACY PRACTICES, AND HA  Date  Date: Time:	FOR THIS TEST. I KNOW THAT I MUST RETU D 72 HOURS. D THE CHAFFEY COLLEGE STUDENT HEALT. VE BEEN GIVEN A PERSONAL COPY FOR M  Signature  OFFICE USE ONLY	RN TO THE HEALTH CENTER H SERVICES HIPPA NOTICE OF
If yes, please list: I HEREBY GIVE MY CONSENT F FOR A READING WITHIN 48 TO I HAVE READ AND UNDERSTANI PRIVACY PRACTICES, AND HA  Date	FOR THIS TEST. I KNOW THAT I MUST RETU D 72 HOURS. D THE CHAFFEY COLLEGE STUDENT HEALT. VE BEEN GIVEN A PERSONAL COPY FOR M  Signature  OFFICE USE ONLY  test  No history of r 5-6 weeks)	RN TO THE HEALTH CENTER  H SERVICES HIPPA NOTICE OF  IY RECORDS.  ecent steroid use (in past
If yes, please list:  I HEREBY GIVE MY CONSENT F FOR A READING WITHIN 48 TO I HAVE READ AND UNDERSTANI PRIVACY PRACTICES, AND HA  Date  Date: Time:  Denies history of positive skin reaction.  Denies night sweats, chronic electronic cough (nonproductive/pro	FOR THIS TEST. I KNOW THAT I MUST RETU D 72 HOURS. D THE CHAFFEY COLLEGE STUDENT HEALT. VE BEEN GIVEN A PERSONAL COPY FOR M  Signature  OFFICE USE ONLY  test  No history of r 5-6 weeks)	RN TO THE HEALTH CENTER  H SERVICES HIPPA NOTICE OF  IY RECORDS.  ecent steroid use (in past
If yes, please list:  I HEREBY GIVE MY CONSENT F FOR A READING WITHIN 48 TO I HAVE READ AND UNDERSTANI PRIVACY PRACTICES, AND HA  Date  Date: Time:  Denies history of positive skin reaction.  Denies night sweats, chronic electronic cough (nonproductive/pro	FOR THIS TEST. I KNOW THAT I MUST RETURN TO 72 HOURS. D THE CHAFFEY COLLEGE STUDENT HEALT. VE BEEN GIVEN A PERSONAL COPY FOR M.  Signature  OFFICE USE ONLY  test  No history of r. 5-6 weeks)  evated temp, oductive)  Informed cons	RN TO THE HEALTH CENTER  H SERVICES HIPPA NOTICE OF  IY RECORDS.  ecent steroid use (in past
If yes, please list:  I HEREBY GIVE MY CONSENT F FOR A READING WITHIN 48 TO I HAVE READ AND UNDERSTANI PRIVACY PRACTICES, AND HA  Date  Date: Time:  Denies history of positive skin reaction.  Denies night sweats, chronic electronic cough (nonproductive/pro  Has not received any live virus	FOR THIS TEST. I KNOW THAT I MUST RETURN TO 72 HOURS. D THE CHAFFEY COLLEGE STUDENT HEALT. VE BEEN GIVEN A PERSONAL COPY FOR M.  Signature  OFFICE USE ONLY  test  No history of r. 5-6 weeks)  evated temp, oductive)  Informed cons	RN TO THE HEALTH CENTER H SERVICES HIPPA NOTICE OF IY RECORDS.  eccent steroid use (in past ent signed
If yes, please list:  I HEREBY GIVE MY CONSENT F FOR A READING WITHIN 48 TO I HAVE READ AND UNDERSTANI PRIVACY PRACTICES, AND HA  Date  Date  Denies history of positive skin reaction.  Denies night sweats, chronic electronic cough (nonproductive/pro  Has not received any live virus YESNO	FOR THIS TEST. I KNOW THAT I MUST RETURN TO 72 HOURS. D THE CHAFFEY COLLEGE STUDENT HEALT. VE BEEN GIVEN A PERSONAL COPY FOR M.  Signature  OFFICE USE ONLY  test  No history of r. 5-6 weeks) evated temp, oductive)  Informed cons. immunizations in the past 4 to 5 weeks.	RN TO THE HEALTH CENTER H SERVICES HIPPA NOTICE OF IY RECORDS.  eccent steroid use (in past ent signed
If yes, please list:  I HEREBY GIVE MY CONSENT F FOR A READING WITHIN 48 TO I HAVE READ AND UNDERSTANI PRIVACY PRACTICES, AND HA  Date  Date: Time:  Denies history of positive skin reaction.  Denies night sweats, chronic elechronic cough (nonproductive/pro  Has not received any live virus YESNO	FOR THIS TEST. I KNOW THAT I MUST RETURED TO 172 HOURS. D THE CHAFFEY COLLEGE STUDENT HEALT INVESTEEN GIVEN A PERSONAL COPY FOR MEAN Signature  OFFICE USE ONLY  test  No history of respect to the second of the se	RN TO THE HEALTH CENTER H SERVICES HIPPA NOTICE OF IY RECORDS.  eccent steroid use (in past ent signed