CRAFTON HILLS COLLEGE – HEALTH & WELLNESS CENTER

11711 San Canyon Road, Yucaipa, CA 92399

PPD SKIN TEST

Name		Age	Birth Date		Telephone Number			
Address		City	St	Zip	Cell Phon	e		
<u>minin</u> giver case	will need to return to the Health and Wellne mum of forty-eight (48) and a maximum of a initially to all students and staff who will a second test is given in the opposite arm o	<u>seventy-two (</u> be providing d	(72) hours after direct health ca	receiving the re services in t	<u>PPD skin to</u> heir classes	est. Two- or work	step testin assignmen	g must be ets. In this
hours later.							YES	NO
1.	1. When was your last Tuberculosis (TB) skin test?							
2.	2. Have you ever had a positive reaction to a Tuberculosis (TB) skin test?							
3.	Have you ever had the disease Tuberculosis	(TB)?						
4.	. Women, First day of last menstrual periodAre you pregnant or breastfeeding?							
5.	6. Have you had <u>any</u> immunizations in the past six (6) weeks?							
6.	. Are you taking Prednisone or Cortisone medication(s)?							
7.	Do you have a medical condition that severely suppresses your immune system							
	(i.e., HIV infection with lowered CD4+ counts, or are you an organ transplant recipient)?							
8. Have you received a <i>vaccine</i> to prevent you from acquiring the disease Tuberculosis (TB)								
9	(Applicable only to those born or living ou	ıtside of the U	Inited States.)					
9. (Can you return in forty-eight (48) to seven	ty-two (72) he	ours to have th	is test read?				
10. I	Ooes your department or employer require pe	eriodic testing	for tuberculosis	?				
11. I	give consent to have a Tuberculin skin test.							
	give consent to have the results of this test r College District Personnel Department (appl			•				
13. F	for what reason are you having this test?							
	Additionally, signing this form is verification Health and Wellness Center as required by F			otice of privacy	practice for	Crafton	Hills Colle	ege,
	Please rate the degree	to which you	agree or disagr	ee with the foll	owing states	ments:		
					Strongly Agree	Agree	Disagree	Strongly Disagree
	services provided by the Health & Wellness Center, able to access the services provided by the Heal			is provides me	1		 	
Being able to access the services provided by the Health & Wellness Center ON Campus provides me with the opportunity to devote more time to my class work.								
	uld be a financial hardship for me to obtain the seer OFF Campus.	ervices provided	l by the Health &	Wellness				
If the services provided by the Health & Wellness Center were not available at CHC, I would be able to access the services somewhere else.								
to acc	Less the services somewhere else.				1	<u> </u>	<u> </u>	
Sign	ature					_	Date	
orgin	ature						Date	

_____ Received Two-Step Test

_____ Received One-Step Test