



TB Test Result Form

Name: _____ Birthdate _____

G00: _____ or Social Security Number _____

To be completed by Physician:

Name of MD who read the exam (please print): _____

Date TB test was administered: _____

Date TB test result was read: _____

Result of Test: Positive _____ Negative _____

Does patient need to have a chest x-ray?

Yes _____ x-ray cleared date: _____ No _____

Signature of MD who read the exam: _____

MD Address: _____

MD Phone Number: _____

Note: Your physician's office may use its own TB test form to report the results.

Resources for Tuberculosis Screening and Follow up

Private Providers: You can go to your private physician to have your TB (PPD) skin test done. You will need to return 48-72 hours later for the reading. Then bring a written document to Human Resources that indicate that the test has been done; the dates and necessary follow up. This document will be kept in your personnel file.

<p>Kaiser 7520 Arroyo Circle Gilroy, CA 95020 (408) 848-4095</p> <p>Provides TB (PPD) skin testing for its members.</p>	<p>Hazel Hawkins Community Health Clinic 930 Sunset Drive Hollister, CA 95023 (831) 636-2664</p> <p>Monday to Friday 8am – 6pm Saturday 8am – 11:30am</p>
<p>Santa Clara County Travel and Immunization Services Clinic 976 Lenzen Avenue, Suite 1100 San Jose, CA 95126 (408) 792-5200</p> <p>*Call ahead for hours</p>	<p>Monterey County Health Department 1270 Natividad Road Salinas, CA 93906 (831) 755-4500</p> <p>Provides TB (PPD) skin testing Monday to Friday 8am – 10am and 1pm – 3pm</p>

***This information is provided as a courtesy by Gavilan College
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