



Documentation of TB Skin Testing

Last Name	First Name	Student ID #
Date of Birth:	Phone:	Program:

MJC Health Services will only accept TB Skin Testing (TST) that follows the Center for Disease Control (CDC) guidelines.

IMPORTANT: According to CDC, TST #2 must be placed **no earlier than 7 days** after the first TST is read.

<p>TST #1 PLACEMENT</p> <p>Date Given _____ Time _____</p> <p>Lot# _____ Exp. _____</p> <p>Manuf. _____</p> <p>Dosage: <u>0.1mL/5TU</u> <u>Intradermal</u> RFA LFA</p> <p>Given by:</p> <p>Name: _____</p> <p>Signature: _____</p> <p>Title: _____</p> <p>TST #1 RESULT</p> <p>Date Read _____ Time _____</p> <p>_____ mm Ind _____ Negative Positive</p> <p>Read by:</p> <p>Name: _____</p> <p>Signature: _____</p> <p>Title: _____</p>	<p>TST #2 PLACEMENT</p> <p>Date Given _____ Time _____</p> <p>Lot# _____ Exp. _____</p> <p>Manuf. _____</p> <p>Dosage: <u>0.1mL/5TU</u> <u>Intradermal</u> RFA LFA</p> <p>Given by:</p> <p>Name: _____</p> <p>Signature: _____</p> <p>Title: _____</p> <p>TST #2 RESULT</p> <p>Date Read _____ Time _____</p> <p>_____ mm Ind _____ Negative Positive</p> <p>Read by:</p> <p>Name: _____</p> <p>Signature: _____</p> <p>Title: _____</p>
<p><i>Please complete below <u>or</u> place facility stamp</i></p> <p>Name of healthcare facility/office: _____</p> <p>Address: _____</p> <p style="text-align: center;">Street City State Zip Code</p> <p>Office phone number: (____) _____</p>	