Modesto Junior College-Health Services
435 College Avenue, Modesto, CA 95350
Office: (209) 575-6037 or (209) 575-6360

# Documentation of TB Skin Testing

Student Name_____ Student ID #_____
Last First
Birth Date____/____/____ Phone #_____Program/Class_____

**********

**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.

**TST #1 PLACEMENT**
Date Given___/___/___ Time_____
Lot#_____ Exp._____
Manuf._____
Dosage: 0.1mL/5TU Intradermal RFA / LFA
**Given by:**
Name:_____
Signature:_____
Title:_____

**TST #2 PLACEMENT**
Date Given___/___/___ Time_____
Lot#_____ Exp._____
Manuf._____
Dosage: 0.1mL/5TU Intradermal RFA / LFA
**Given by:**
Name:_____
Signature:_____
Title:_____

**TST #1 RESULT**
Date Read___/___/___ Time_____
_____mm Ind. Positive / Negative
**Read by:**
Name:_____
Signature:_____
Title:_____

**TST #2 RESULT**
Date Read___/___/___ Time_____
_____mm Ind. Positive / Negative
**Read by:**
Name:_____
Signature:_____
Title:_____

***Please complete below or place facility stamp***

Name of healthcare facility/office:_____

Address:_____
Street City State Zip Code

Office phone number: (_____)_____

Created: 7/13/11
Revised: A.Y., 3/03/15; V.P. 7/21/15