



HEALTHPOINTESM

T.B. Test Form

Patient Information (Información del paciente)

Patient Name (Nombre): Natalie Aguilar Account#: 174904
 Date of Birth (Fecha de nacimiento): 12-11-94 Sex (Sexo): ☒ F ☐ M
 Home Phone (No. de telefono en casa): 909-277-1553 SSN# (No. de seguro social): 605-78-1231

Employer Information (Información de su empleador):

Employer (Empleador): Acrobat
 Work Phone (No. de telefono en el trabajo): _____

Please answer the following questions.

1. Do you have a history of prior positive reaction to T.B. skin testing? ☐ Yes ☐ No
2. If medically applicable (e.g. previous positive T.B. test, etc.) I agree to have a chest x-ray instead of P.P.D. testing? ☐ Yes ☒ No

"I, Natalie Aguilar, consent to the administration of a P.P.D. skin test and/or chest x-ray at Healthpointe Medical Group, Inc., and to the release of the same to my employer. I have been advised that I must return here in 48 to 72 hours to have the skin test read and the results certified." You are receiving this T.B. skin test at your request due to an exposure, an employer's request, as part of your routine physical, or at the request of a physician. Should you have any questions after the reading, or any questions related to the injection, before or after the T.B. skin test, please ask the a physician.

M.A. [Signature]

Date 7/4/17

Patient Signature [Signature]

FOR OFFICE USE ONLY

Test Administered at HEALTHPOINTE:

☐ Anaheim ☐ Colton ☐ Corona ☐ Garden Grove ☐ Irwindale ☐ La Mirada ☐ Long Beach ☐ Los Angeles ☐ Ontario ☐ Perris ☐ Temecula

☒ P.P.D. Skin Test

Site of Intradermal Injection: ☐ Left forearm ☒ Right forearm Date: 7/4/17 Time: 10:40 AM ☒ PM
 Lot#: C5058AN Exp. Date: 11/3/18 M.A. Initial BA

☐ Chest X-Ray

Authorized by _____ at _____
 (Employer representative) (Company name)

Authorization received by _____ Date: _____
 (Office personnel)

Results

Induration 0 mm. Erythema 0 mm. ☒ Negative ☐ Positive*

*See Public Health guidelines regarding positive skin test results in the State of California.

Results interpreted by: [Signature] Title: ☒ MD, DO ☐ PA ☐ Nurse Practitioner
 Date results read: 7/10/17 Time: 6:44 AM ☒ PM

*This person has been advised to see his/her own doctor or the county health doctor for possible treatment of tuberculosis for positive P.P.D. skin test.

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