MedSpring urgent care

Affix Center Label Here

PPD Placement

Patient Name (First Last): Leona Daniel Gender: ☐ Male ☐ Female

Home Address: 1402 Esters Rd City: Irving State: Zip: 75061

Home Phone: (682) 417-4616 Date of Birth (MM/DD/YYYY): 04 / 24 / 1986

Please circle the answer to following questions:*

Have you ever had the BCG vaccine? ☐ Yes ☑ No

Have you ever had a positive PPD placement? ☐ Yes ☑ No

If you have had a positive PPD placement

Do you have regular night sweats? ☐ Yes ☐ No

Have you experienced unexplained weight loss? ☐ Yes ☐ No

Do you cough up blood? ☐ Yes ☐ No

*A Quantiferon blood test will be performed in lieu of a PPD placement for any "yes" answers.

I understand that I must return to have the test read in 48-72 hours or it becomes invalid.

Leona Daniel 6/11/18

Printed patient name | Patient date of birth (MM/DD/YYYY)

Leona D. | Self | 06/11/2018

Signature of patient or legally authorized representative | Relationship to patient/witness or translator | Current Date (MM/DD/YYYY)

PLACEMENT:

Date Placed: 06 / 11 / 2018 Time Placed: 11:15 AM / PM Site: ☐ Right ☑ Left

Dose (0.1mL SC) Lot#: 313378 MFG: _____ Exp Date: 11 / 01 / 2019

Administrator: Moonyhn Signature: [signature]

READ (WITHIN 48-72 HOURS):

Date Read: 06 / 13 / 2018 Time Read: 11:50 AM / PM

☐ POSITIVE ☑ NEGATIVE Induration: ☐ Yes _____ mm** ☑ No

Results Read By: Moonyhn Humphrey Signature: [signature]

Provider Signature: [signature] FNP-C

☐ MD ☐ DO ☐ Physician Assistant ☑ Advanced Practice Nurse

***If any induration is present, please have patient complete Tuberculosis (TB) Screening Questionnaire and see a provider.*