

California Youth ChalleNGe Academy TB Test Form

SECTION A (to be completed by student):

Name of Student _____

Date of Birth _____

Sex: _____

SECTION B (to be completed by a medical provider):

Date PPD test was administered: _____

Date PPD test result was read: _____

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

Result of PPD Test: _____ Positive _____ Negative

Result of TB Quantiferon Test: _____ Positive _____ Negative

Does Patient need a Chest X-Ray? _____ Yes _____ No

Signature (print name and title): _____ Date: _____

STAMP OF EXAMINING FACILITY/MD STAMP:

