



## Certificate of Completion Tuberculosis Risk Assessment and/or Examination

To satisfy **job-related requirements** in the California Education Code, Sections 49406 and 87408.6 and the California Health and Safety Code, Sections 1597.055, 121525, 121545 and 121555.

First and Last Name of the person assessed and/or examined:

Ruilian Pang

Date of assessment and/or examination: 02 mo./ 24 day/ 2021 yr.

Date of Birth: 11 mo./ 24 day/ 1968 yr.

The above named patient has submitted to a tuberculosis risk assessment. The patient does not have risk factors, or if tuberculosis risk factors were identified, the patient has been examined and determined to be free of infectious tuberculosis.

X JLPM  
Signature of Health Care Provider completing the risk assessment and/or examination

Please print, place label or stamp with Health Care Provider Name and Address (include Number, Street, City, State, and Zip Code):

PRIMARY CARE CONSULTANTS, INC.  
255 WEST BULLARD, #124  
CLOVIS, CALIFORNIA 93612

Telephone and FAX:

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# Documentation of PPD Administration

Pang, Richard 11/24/68  
Patient Name (Last, First, Middle) DOB:  
RFA Amarr  
Date PPD Test Given Given By:  
02, 24, 2021  
Date PPD Read Interpretation: Read By:  
02, 24, 2021 neg 0 J. Williams

Primary Care Consultants  
255 W. Bullard Ave. Ste. 124  
Clovis, CA 93612