

Rapid City Medical Center

Tuberculin Skin Test Verification Form for Physicians and Employees

Name: Jessica Purcell

Does individual require a 2-step skin test Y / N

Test #1

Manufacturer Sanofi

Lot# C5843 AD Expiration 10/25/2023

Individual received 0.1cc of tuberculin purified protein derivative (PPD) into the inner surface of the Left / Right forearm.

Administered by Kylie Tucker

Title Dir Clin Staff Date 09/13/22

Skin test reaction should be **read between 48 and 72 hours** after administration. An individual, who does not have their test read, will need to return for another TB skin test.

Results Test #1

The reaction should be measured in millimeters of the induration (palpable, raised, hardened area or swelling). Do not measure erythema (redness). The diameter of the indurated area should be measured across the forearm (perpendicular to the long axis).

0 mm of induration **Negative / Positive**

(0mm or no induration= negative, >5mm induration= positive in specific high risk groups, >10mm induration= positive in other risk groups, >15mm= positive in any person)

Read by Leslie Messenger

Title RN Endo

Date 09/11/22 See chart

(If Two-Step, complete within 4 weeks of initial testing)

Test #2

Manufacturer Sanofi

Lot# C5994 AA

Expiration 09/26/24

Individual received 0.1cc of tuberculin purified protein derivative (PPD) into the inner surface of the Left / Right forearm.

Administered by Khucke RN MSA

Title Dir Clin Staff Date 09/27/22

Skin test reaction should be **read between 48 and 72 hours** after administration. An individual, who does not have their test read, will need to return for another TB skin test.

Results Test #2

The reaction should be measured in millimeters of the induration (palpable, raised, hardened area or swelling). Do not measure erythema (redness). The diameter of the indurated area should be measured across the forearm (perpendicular to the long axis).

0 mm of induration **Negative / Positive**

(0mm or no induration= negative, >5mm induration= positive in specific high risk groups, >10mm induration= positive in other risk groups, >15mm= positive in any person)

Read by Leslie Messenger

Title RN ENDO

Date 09/30/22

FAX SERVER
SANFORD

Laboratories

Client Support
1-877-392-1234

Purcell, Jessica
1805 COPPERDALE Dr
RAPID CITY SD 57703
US
3/1/1989 Female

2210
RC149198
RC149198

Chart# RC149198

Print Date: 6/10/2020 11:15 AM

Authorizing Provider

Unlisted, Provider

Black Hills Surgical Hospital - Employee Testing
216 Anamaria Dr
Rapid City SD 57701
Fax #: 605-721-4878

Recipient

Black Hills Surgical Hospital - Employee Testing
216 Anamaria Dr
Rapid City SD 57701

605-721-4856 Fax: 605-721-4708

Submitter

QUANTIFERON TB (Final result)

ID:	20SM160R0037	Collected:	6/8/2020 1420
Type:	Blood	Received:	6/8/2020 1513
Source:	Blood	Verified On:	6/10/2020 1008

Component

Quantiferon

Value

Negative

Ref. Range

Negative

M. tuberculosis infection unlikely, but cannot be excluded especially when:

1. Illness is consistent with TB disease.
2. Likelihood of progression to disease is increased (e.g. due to immunosuppression).

Resulting Lab: SM

Comments:

Interferon-gamma values should not be used to monitor disease progression or response to therapy.

Resulting Labs

SM

SANFORD MEDICAL CENTER LABORATORY, 1305
W. 18th St., Sioux Falls SD 57117 605-333-7091

Purcell, Jessica

E5137574

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Sonja Drake

**Vaccine Immunization
Record
Short Form**

Jessica Purcell

Clinic: Medical Arts Clinic - #1075
 Address: 717 ST. FRANCIS
 Rapid City (Part-Pennington), South Dakota 57701
 Phone: 605-342-2880
 Fax: 605-388-4617

PATIENT INFORMATION

Last Name	Middle Name	First Name
Drake	C	Jessica
DOB	Sex	Race
3/1/1989	Female	Hispanic Origin Non-Hispanic
Address	City	State
803 1/2 11th st	RAPID CITY	SD
		Zip 57701

VACCINE HISTORY

VACCINE	DOSE #	VACCINATION DATE	LOT #	INJECTION SITE
DTP	1	06/07/1989		
DTP	2	10/04/1989		
DTP	3	02/07/1990		
DTP	4	11/02/1990		
DTP	5	03/21/1994	3E51112	
HPV UNS	1	04/11/2007	1427F	
MMR	1	11/02/1990		
MMR	2	03/21/1994	0423W	
OPV	1	06/07/1989		
OPV	2	10/04/1989		
OPV	3	11/02/1990		
OPV	4	03/21/1994	691L2	
Td Adsorb	1	05/28/2002	U0376AA	

Generated March 12, 2019

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South Dakota
Jessica Purcell

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Record
Short Form

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DTP	5	03/21/1994	3E51112	
HPV UNS	1	04/11/2007	1427F	
MMR	1	11/02/1990		
MMR	2	03/21/1994	0423W	
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Generated March 12, 2019

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REQUIRED IMMUNIZATION FORM

LAB

Patient: Purcell, Jessica C
Account Number: 411431
DOB: 03/01/1989 Age: 30 Y Sex: Female
Phone: 605-390-5141
Address: 5420 SNOWBERRY LN, RAPID CITY, SD-57702-9102

Provider: Marie Farke, CNP
Date: 09/27/2019

Subjective:

Chief Complaints:
1. lab/Farke.

Medical History:

Objective:**Assessment:**

Assessment:
1. Immunity status testing - Z01.84 (Primary)

Plan:

1. Immunity status testing
LAB: Hepatitis B Surface Ab (anti-HBs, Immunity) Qualitative

Provider: Marie Farke, CNP

Patient: Purcell, Jessica C DOB: 03/01/1989 Date: 09/27/2019

University of South Dakota Health Sciences
REQUIRED IMMUNIZATION FORM

Name Jessica Purcell DOB 03/01/1987 USD ID# 742723

Program: Addiction Studies [] Dental Hygiene [] Health Science [] Medical Laboratory Science [] Medicine [] Nursing [] Occupational Therapy [] Physical Therapy [] Physician Assistant [] Public Health [] Social Work [] Master of Social Work [] Health Science Major Paramedic Specialization []

Health Affairs Requirements: For students in programs requiring full compliance with the USD Health Affairs Immunization Policy, this form must be completed with the appropriate signatures.
Include copies of titer reports and other medical records when applicable.

REQUIRED IMMUNIZATIONS:

- A. **MMR (Measles, Mumps, Rubella) Vaccine.** Two doses required for all students born after 12/31/56.

Dates: 1. 11/02/1990 2. 03/21/1994

OR individual vaccine/proof of immunity as noted below.

1 Measles (Rubeola) 11-2-90

Vaccine Dates: 11/02/1990

OR Has report of positive immune titer. Date: 3/21/1994

2

Rubella (German Measles) 11-2-90

Vaccine Dates: 11/02/1990

OR Has report of positive immune titer. Date: 3/21/1994

3

Mumps

Vaccine Dates: 1. 11/2/90 2. 3/21/1994

OR

Has report of positive immune titer. Date: 3/21/1994

- B. **Date of Tdap (tetanus, diphtheria, adult pertussis):** Date: 1/29/16

If longer than 10 years; date of latest booster Date: 1/29/16 Td or Tdap (circle one)

- C. **Varicella (Chicken Pox) One of the following is required:**

Documentation of positive varicella titer. Date: 2/25/19 ATTACH LAB REPORT
OR

Vaccine: Two doses are required for those without evidence of immunity. Recommended interval is 4-8 weeks between doses.

Dates: 1. 1/29/16 2. 2/25/19

- D. **Hepatitis B Vaccine - Three doses and positive titer required. (If unable to obtain dates of immunizations a positive titer is acceptable)**

1st dose Date: 02/25/2019

2nd dose Date: 04/01/2019 (1 month after 1st dose)

3rd dose Date: 08/26/2019 (6 months after 1st dose)

AND

Hepatitis B Titer (HbsAB or Anti-HBs ~ hepatitis B surface antibodies)

Immunity demonstrated by hepatitis B titer - ATTACH LAB REPORT

Date: 3/23/2018 Positive/Reactive _____

(If neg. see immunization policy) Negative/Nonreactive _____

Updated 3/23/2018

Purcell, Jessica C, F, 03/01/1989

605-390-5141

RCMC Medical Arts Lab
717 Saint Francis St, Rapid City, SD 577014677
605-342-2880

FINAL RESULT

Accession ID: 576012

Lab Ref ID: 7464855

Order Date: 02/25/2019

Result Recd: 02/27/2019 09:16:00

Coll. Date: 02/25/2019 08:44:00

Report: 02/27/2019 09:15:00

Requesting Physician: Farke, Marie

Ordering Physician: Farke, Marie

Varicella-Zoster V Ab, IgG (Immunity)

NAME	VALUE	REFERENCE RANGE
F Varicella Zoster IgG	1739	Immune >165 (index)
		Negative <135
		Equivocal 135 - 165
		Positive >165

A positive result generally indicates exposure to the pathogen or administration of specific immunoglobulins, but it is not indication of active infection or stage of disease.

Testing performed at: [BN] LabCorp Burlington, 1447 York Court, Burlington, NC, 27215-3361, Phone: 800-762-4344, Laboratory Director: Sanjay Nagendra, MD

Purcell, Jessica C, F, 03/01/1989

Accession ID: 576012

Purcell, Jessica C, 30 Y, F, 03/01/1989
605-390-5141

RCMC Lab Medical A
717 Saint Francis St, Rapid City, SD 57701
605-342-2

Accession ID: 626817
Order Date: 09/27/2019
Collection Date: 09/27/2019 09:14:00
Requesting Physician: Farke, Marie

Ref ID: 7979315
Received: 09/30/2019 08:53:01
Report: 09/30/2019 08:51:00
Ordering Physician: Farke, Marie

FINAL RESULT

Hepatitis B Surface Ab (anti-HBs, Immunity) Qualitative

NAME	VALUE
F Hep B Surface Ab, Qual	Reactive

Non Reactive: Inconsistent with immunity.

less than 10 mIU/mL

Reactive: Consistent with immunity.

greater than 9.9 mIU/mL

Testing performed at: [DV] LabCorp Denver, 8490 Upland Drive, Englewood, CO, 80112-7115, Phone: 303-792-2600, Laboratory Director: Earle S. Collum, MD

Kylie E. Tucker

From: Leslie A. Messenger <LeslieM@tecsd.net>
Sent: Friday, September 16, 2022 1:35 PM
To: Kylie E. Tucker
Subject: TB skin test

TB skin test
#1
~~xx~~

Hi Kylie,

I read Jessica Purcell's TB skin test, it is 0mm induration.

Thank you,

Leslie Messenger, BSN, RN
Director of The Endoscopy Center, Inc.
2820 Mt. Rushmore Road
Rapid City, SD 57701
Office: (605) 721-8315
lesliem@tecsd.net



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COVID-19 Vaccination Record Card

Please keep this record card, which includes medical information about the vaccines you have received.

Por favor, guarde esta tarjeta de registro, que incluye información médica sobre las vacunas que ha recibido.



Purcell

Last Name

3-1-1989

Date of birth

JESSICA

First Name

MI

Patient number (medical record or IIS record number)

vaccine	Product Name/Manufacturer Lot Number	Date mm dd yy	Healthcare Professional or Clinic Site
1 st Dose COVID-19	Pfizer 330305D	11/27/21 mm dd yy	Walgreens 1005
2 nd Dose COVID-19	Pfizer EP7258	11/12/21 mm dd yy	Walgreens
Other		mm dd yy	
Other		mm dd yy	