

VA Gateway Urgent Care Center

7516 Iron Bar Lane Gainesville, VA 20155

Tel: (703) 754-9111

http://www.vgucc.com

TUBERCULIN SKIN TEST (TST) CONSENT FORM

Patient Name Today's Date					
Sex Date of Birth	AgeSo	ocial Security #		Tel	
Address		City_	State_	Zip	
AllergiesPri	or BCG Vaccine	Last Menstru	nal Period		
Have you received any live vaccines	s (such as MMR, Vario	ella vaccine, etc) ir	the past 4 weeks?	Yes / No	
PPD Instructions					
 Do not scratch site of test. Test will be read in 48-72 hor clinic within that time intervals. You may experience some in apply ice pack as this may at please contact us at (703) 75 I have read and answered the question Tuberculosis, be done on me and I shared Signature of Patient/Guardian 	al for the test to be regritation or swelling for the outcome of 4-9111. In above. I hereby contail return within 48-72	ead. following the test, the test. If the swe sent to have a TST	do not attempt to selling or discomford which screens for test read.	cratch or	
Site of TST:	De	ose Given:	0.1 cc		
Date of TST:	Ti	Time of TST Placement:			
Lot # of TST:	Ex	Expiration Date:			
Done By:	Da	Date Vial Opened:			
Result: Negative	P	ositive	(mm)		
Read By:					
Date Test was read:	Ti	Time Test was read			