

**Yuba Community College Health Center
Tuberculin Skin Testing Questionnaire and Consent Form**

Last Name	First Name	MI	Birth Date	Social Security Number
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Please answer by circling YES or NO to the following questions. If you answer yes to any of the questions, the Health Services Nurse will evaluate you for a more detailed assessment.

1. Have you had a Measles, Mumps, and Rubella vaccine in combined form or as separate antigens or oral Polio in the last 30 days? Yes No
2. Have you ever had a TB skin test? Yes No
3. Have you ever had a positive reaction? Yes No
4. Have you ever had a BCG injection? Yes No
5. Have you ever had a TB skin test in the last six weeks? Yes No
6. Have you ever had Tuberculosis? Yes No
7. Have you ever had contact with and/or been exposed to anyone with Tuberculosis? Yes No
8. Are you a pregnant female? Yes No
9. Has a doctor ever advised or is there any reason that you should not receive a TB skin test? Yes No
10. If yes, please explain why:

I hereby certify that the above answers are true to the best of my knowledge, and I request a Tuberculin skin test to be completed at the Health Center. I understand I must return in 48 to 72 hours for a reading for this test to be considered valid.

Signature

Date

Created 11/04