

West Caldwell Health Council, Inc.

Happy Valley Medical Center
1345 Highway 268
PO Box 319
Patterson, NC 28661



Collettsville Medical Center
4329 Collettsville Rd.
PO Drawer 9
Collettsville, NC 28611

TUBERCULOSIS SCREENING

Patients Name: _____ Date of Birth: _____

Have you ever has a positive TB (PPD) skin test?	Date& Location
Have you had a chest x-ray to follow up a positive TB screen?	Date & Location

	YES	NO
1. Chronic Cough (more than 3 weeks)		
2. Production of sputum		
3. Blood Streaked Sputum		
4. Unexplained weight loss		
5. Fever		
6. Fatigue / Tiredness		
7. Night Sweats		
8. Shortness of Breath		

***The patient has been instructed
to return to the clinic to have the PPD skin test within 24-48 hours after administration***

Patient Signature: _____ Date: _____

PPD Administration					
Date & Time	Dosage	Lot #	Expiration Date	Site of Administration	Administered By

PPD Results		
Date & Time Read	Results	Read By