



Flagler County Free Clinic

For People. Not for Profit.

TB Skin Testing (TST)

Patient's Name _____

Date of Birth _____

Screening Criteria:

(Check all that apply)

Recent Immigrant from a foreign country (within 5 years or contact to Tuberculous

Previously worked in or has been in jail, prison or nursing home

Employment Requirement

Have immune problems (HIV, Diabetes, Cancer, Dialysis)

Cough of 3 weeks or more

Unexplained weight loss, night sweats or fever

Had an abnormal chest X-ray

TST GIVEN

Date: _____ Time: _____ AM _____ PM

MFG/Lot # _____ Route: _____ Site: _____

Signature, Title of Provider _____ Date: _____

TST READ

Date: _____ Reading (mm) _____

Positive

Negative

Signature, Title of Provider _____ Date: _____

Phone: (386) 437-3091 • Fax: (386) 313-5945 • P.O. Box 863 • 700 Moody Blvd. • Bunnell, FL 32110

FlaglerCountyFreeClinic.com