



Certificate of Completion Tuberculosis Risk Assessment and/or Examination

To satisfy **job-related requirements** in the California Education Code, Sections 49406 and 87408.6 and the California Health and Safety Code, Sections 1597.055, 121525, 121545 and 121555.

First and Last Name of the person assessed and/or examined:

Steve Windham

Date of assessment and/or examination: 9 mo./ 19 day/ 2022 yr.

Date of Birth: 10 mo./ 10 day/ 1970 yr.

The above named patient has submitted to a tuberculosis risk assessment. The patient does not have risk factors, or if tuberculosis risk factors were identified, the patient has been examined and determined to be free of infectious tuberculosis.

X [Signature]
Signature of Health Care Provider completing the risk assessment and/or examination

Please print, place label or stamp with Health Care Provider Name and Address (include Number, Street, City, State, and Zip Code):

Solano County Family Health Services
1119 E Monte Vista Ave MS 32-200
Vacaville CA 95688
Tel (707) 469-4640 Fax (707) 449-3919

Telephone and FAX:



**Solano County Health and Social Services
Family Health Services**

Vacaville Family Health Services

Phone: (707)469-4640

Fax: (707)449-3919



PATIENT NAME: Steve Windham
DATE OF BIRTH: 10/10/1970
DATE: 09/19/2022
GENDER: Male

Tuberculin Skin Test

Previous BCG Immunization: no

Return to office on 09/18/2022 to have your Tuberculin Skin Test read.

Tuberculin skin test administered on 09/16/2022 and was placed in the forearm by Karen Flores.

Tuberculin skin test read on **Date Read: 09/19/2022 with an interpretation of negative.**

The result was read as 0 mm induration. Date Read: 09/19/2022

Results Read by: Allison Patton, RN

Please follow up with your health care provider as instructed.

Solano County Family Health Services
1119 E Monte Vista Ave MS 32-200
Vacaville CA 95688
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Provider

MA, RN 09/19/2022 9:15 AM

Document generated by: Allison Patton, RN 09/19/2022

Vacaville Family Health Services