# MiraCosta College (MCC) Certified Nursing Assistant (CNA) Program TB (Tuberculosis) Clearance (Within 360 days prior to the course start date)

#### **Options:**

- 1. 2-step PPD skin test with negative result: 1st injection and 1st reading, 2nd injection and 2nd reading
- 2. Chest X-ray with impression documented for TB clearance
- 3. QuantiFERON blood test with result negative

#### **Information to include:**

- 1. Full name
- 2. Date of birth

## 2-step PPD skin test specific:

- 3. Test dates: Dates received the test (1st and 2nd)
- 4. Result dates: Dates being read the result (1st and 2nd)
- 5. Results: (Ex. Negative)
- 6. Dose: (Ex. 0.1 ml)
- 7. Site: (Ex. Left arm)
- 8. Provider (Ex. CVS, Kaiser, Health Services MiraCosta College)
- 9. Person who prepared document's name, time, date

## Acceptable example below;

1) 2-step PPD

		Health S MiraCost Phone 760 Fax 760-	a College )-795-6675		
Encounter Date Provider:	: 06/27/24 12:45 PM				
Student ID:0 Birthdate: Gender:	Patient Name: / Age:	Your na	ame		
Assessmen PPD Test Date: 06/18/ Units: 5 TU Rout	24 Induration: 0 Resu e: Intradermal (ID) Site	e: Left Arm	6/27/24 PPD R Manufacture 7/24 01:49 PM	r: PAR Lo	gative <b>Dose:</b> 0.1 ml t: 75911
	MiraCosta Col Student Health S One Barnard Oceanside, CA 9 ph. 760-795-6 fax 760-795-66	ervices Dr. 92056 675	0	V	

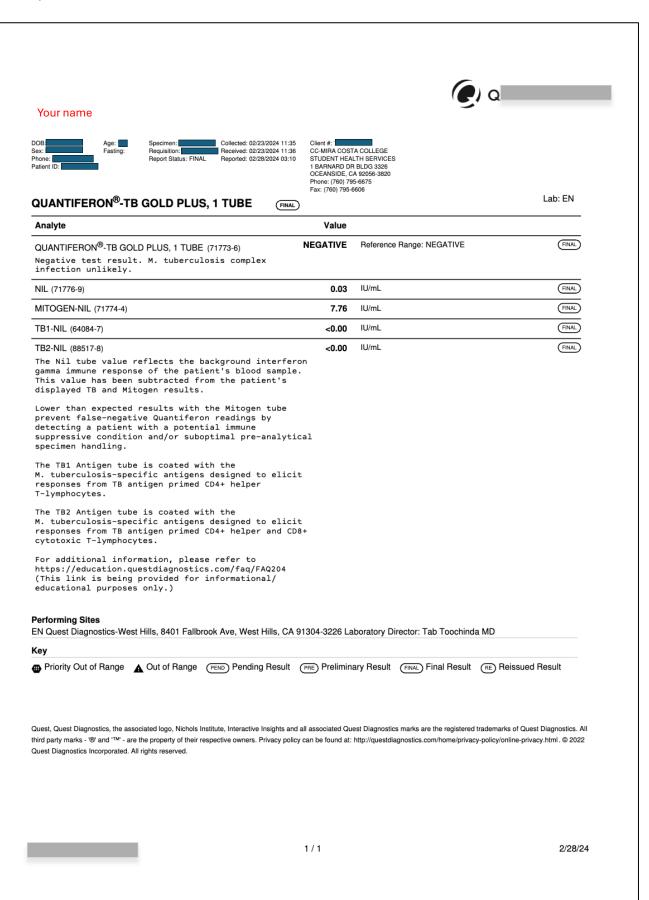
	P	Health Services MiraCosta College Phone 760-795-6675 Fax 760-795-6606
Encounter Date Provider:	: 07/05/24 11:00 AM	
Student ID:0 Birthdate: Gender:	Patient Name: / Age:	Your name
Assessment PPD		
Test Date: 07/02/2 Units: 5 TU Route	24 Induration: 0 Result e: Intradermal (ID) Site: I	t Date: 07/05/24 PPD Result: Negative Dose: 0.1 m Right Arm Manufacturer: PAR Lot: 75911
omis. 5 To Route	e: intradermal (ID) Site: I	t Date: 07/05/24 PPD Result: Negative Dose: 0.1 m Right Arm Manufacturer: PAR Lot: 75911 on 07/05/24 09:10 AM
Signed off and fina	e: intradermal (ID) Site: I	on 07/05/24 09:10 AM

#1 Rev. 10/24

Imaging  SPECIALISTS  Your Partner in Health - For Every Imaging Need	Imaging  La Jolla, CA 92037  Phone #: (000,000000000000000000000000000000000
Patient: Your name Exam Date: Accession #: At the Request of:	DOB: Age: ID: Sex:
PROCEDURE: CR CHEST 2V  COMPARISON: None.  INDICATIONS: Positive tuberculosis test.	
FINDINGS: LUNGS: No significant abnormality. PLEURA: No significant abnormality. VASCULATURE: No significant abnormality. MEDIASTINUM / CARDIAC: No significant card: BONES: No significant abnormality. OTHER: None.	iomediastinal silhouette abnormality.
Normal examination.	
Dictated and Electronically Authenticated by: M.D. on 09/26/2024 02:32 PM	, M.D. on 09/26/ 02:32 PM Proofread by:
IMAGING	SPECIALISTS
La Jolia, CA 9	92037 (858)

#2 Rev. 10/24

### 3) QuantiFERON



#3 Rev. 10/24