



SANTA CRUZ
COUNTY OFFICE OF
EDUCATION
DR. FARIS SABBAN • SUPERINTENDENT OF SCHOOLS

Tuberculosis Test Locations

Please call ahead to make sure information provided here has not been updated.

Santa Cruz County Health Center: 831-454-4100

1080 Emeline Ave, Santa Cruz, CA

Available: Mon, Tues, Wed, Fri 1:30 pm - 3:30 pm Cost: \$15

Chest X-ray: Not available

Salud Para La Gente: 831-728-0222

204 East Beach St, Watsonville, CA

Available: by appointment only Cost: \$30

Chest X-ray: Not available but referral to hospital is available

Watsonville Health Center: 831-763-8400

1430 Freedom Blvd Suite D, Watsonville, CA

Available: Mon, Tues, Wed, Fri 1 pm - 3:45 pm Cost: \$15

Chest X-ray: Available by appointment, with a doctor's order, for \$80

DOCTORS ON DUTY

Watsonville: 831-722-1444

1505 Main St, Watsonville, CA

Available: Mon - Fri 8 am - 6 pm; Sat - Sun 8 am - 4 pm

Cost: \$35 with authorization form (see next page)

Chest X-ray: Available Mon, Tues, Thurs, Fri, 8 am - 3:30 pm for \$70 with authorization form

Aptos: 831-662-3611

6800 Soquel Dr, Aptos, CA

Available: Mon - Fri 8 am - 4 pm

Cost: \$35 with authorization form (see next page)

Chest X-ray: Not available

Santa Cruz: 831-425-7991

615 Ocean St, Santa Cruz, CA

Available: Mon - Fri, 8 am - 6 pm; Sat - Sun, 8 am - 2 pm

Cost: \$35 with authorization form (see next page)

Chest X-ray: Available Mon - Fri, 8 am - 4:30 pm for \$105 with authorization form

TB tests and chest x-rays may be available through private physicians. If the skin test results are positive, it may be necessary to get a chest x-ray.

Authorization Form to present to Doctors on Duty

**Doctors
On Duty**



MEDICAL
CLINICS

SANTA CRUZ

615 Ocean Street
Santa Cruz, CA 95060
(831) 425-7991

WATSONVILLE

1505 Main Street
Watsonville, CA 95076
(831) 722-1444

APTOS

6800 Soquel Drive
Aptos, CA 95003
(831) 662-3611

AUTHORIZATION FOR MEDICAL SERVICES _____
Date

Patient's Name (Print) Occupation

SANTA CRUZ COUNTY OFFICE OF EDUCATION **831/466-5754**
Employer's Name Phone

400 ENCINAL STREET **SANTA CRUZ, CA 95060** _____
Employer's Address City Zip

SERVICES REQUESTED:

PPD _____

**SPECIAL INSTRUCTIONS: TUBERCULOSIS SKIN TEST: PATIENT TO PAY \$35 AT
TIME OF SERVICE. IF POSITIVE, CHEST X-RAY MAY BE NEEDED.**

Company authorization by: **Human Resources**

Phone number: 831/466-5754

Clinic Clerk: _____

APPOINTMENT DATE: _____ **Time:** _____