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

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

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

☐ 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: ______