

Please complete the following form

You must return in 48 to 72 hours for medical staff to interpret test results. Will this time frame be a problem?	Yes	No	
Have you ever had a <u>positive</u> TB skin test	Yes	No	Don't know
<u>If yes</u>, did you have a Chest X-Ray?	Yes	No	Don't know
<u>If yes</u>, were you treated with medication?	Yes	No	Don't know
Have you had a <u>LIVE</u> vaccine in past 30 days? <i>(Varicella, Shingles, or "Chicken pox", MMR, Yellow Fever)</i>	Yes	No	Don't know

*If you answered YES to any of the questions above, **STOP** and return form to front desk. It is advised you do NOT take the TB skin test at this time!*

Otherwise please continue the form below.



LEGAL NAME _____	MALE ___ FEMALE ___
(LAST) (FIRST)	
(FOR MINORS) PARENT/LEGAL GUARDIAN NAME _____	
BIRTHDATE _____	SOCIAL SECURITY NUMBER _____
ADDRESS _____	CITY _____
STATE _____	ZIP _____
PHONE _____	
COMPANY NAME _____	