



COMMUNICABLE DISEASE SCREENING

Resident's Name

Date of Birth

Residents must be screened for any communicable disease including tuberculosis. The infectious disease screening includes a Mantoux TB skin test or chest X-ray (if the resident is known to have a positive reaction to the skin test). Or the medical provider certifies the absence of TB and communicable disease.

ALL screenings or statements cannot be more than six months prior to admission to the Assisted Living Facility.

Date of Mantoux TB skin test (within 6 months):	Result:
Date of last chest X-ray:	Result:

If it is medically inappropriate for this person to receive a Mantoux TB skin test, please explain:

THIS

person: ☐ is ☐ is NOT free of communicable disease in any apparent form.

Patient is prone to or has had previous positive TB skin test. May the facility do an annual chest X-ray to screen and rule out Tuberculosis?

May we administer an annual Mantoux TB skin test?

May we administer a pneumovax vaccine?

May we administer a flu vaccine annually?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

I understand that the facility will make available to me these vaccinations on an annual basis.

Further, I understand that this will be done AT MY EXPENSE if I consent to the vaccinations.

Nurse/Provider Signature

Date

Facility Name

Phone/Fax

Aplisol Lot #	Expiration:	Mgft:
Date given:	Site:	Given by:
Date read:	Result:	<input type="checkbox"/> Negative
Read by:	<input type="checkbox"/> Positive	_____ mm/induration