

Amy Morris

From: Amy Morris
Sent: Tuesday, March 10, 2020 9:45 AM
To: RALURI
Subject: TB skin test

Rohit,

Due to having a positive TB skin test, you are now required to either get a chest x-ray and take medication for 6 months or get what is called a TB Spot test. You may have a condition called latent TB where you have the infection but cannot spread it to other and you are not sick. We need to rule this out. The TB Spot test can be filed on your insurance and is the easiest of the tests. Please notify me of your preference so I can get the paperwork to you.

Thank you

Amy Morris, BSN, RN-BC

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**AUM Student Health Services
Immunization Record**

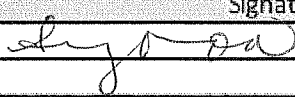
Patient Name: ROHIT ALURI

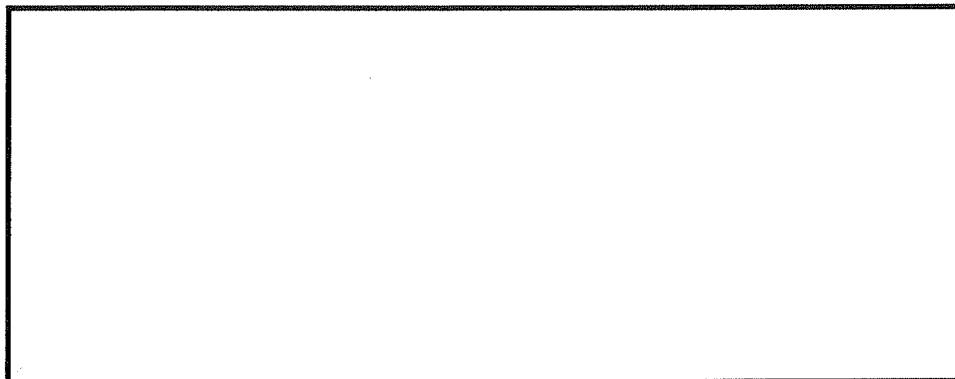
Birthdate: 09/03/2000

Allergies/Medical Alert:

Immunization	Date	Site	Dose	MFR	Comments	V.I. S.	Initials
Tdap	3/3/20	LD	0.5		LOT: DC924 EXP: 10/26/20 	2/15	AM
Td Booster					NDC 0150-842-43 Tetanus Toxoid, Reduced Diphtheria Tetanus and Acellular Pertussis Vaccine, Adsorbed BOOSTRIX 0.5 mL		
MMR					Mfg. by Sanofi Pasteur Biologicals  496018		
HEP A							
HEP B							
Other							

	Date Given:	Date Read:	Results:	MFR	LOT#	Comments	Initials
Tuberculin Testing PPD (MANTOUX) 0.1 ml ID	3/3/2020	3/5/20	18mm	SP	C5714AA	(2) forearm	KThy

Initials	Signature	Initials	Signature
AM			



STAMP ABOVE

Screening Checklist for Contraindications to Vaccines for Adults

PATIENT NAME Rohit Aluri

DATE OF BIRTH 09/03/2000
month day year

For patients: The following questions will help us determine which vaccines you may be given today. If you answer "yes" to any question, it does not necessarily mean you should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

	yes	no	don't know
1. Are you sick today?	☐	☒	☐
2. Do you have allergies to medications, food, a vaccine component, or latex?	☐	☒	☐
3. Have you ever had a serious reaction after receiving a vaccination?	☐	☒	☐
4. Do you have a long-term health problem with heart disease, lung disease, asthma, kidney disease, metabolic disease (e.g., diabetes), anemia, or other blood disorder?	☐	☒	☐
5. Do you have cancer, leukemia, HIV/AIDS, or any other immune system problem?	☐	☒	☐
6. In the past 3 months, have you taken medications that affect your immune system, such as prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or have you had radiation treatments?	☐	☒	☐
7. Have you had a seizure or a brain or other nervous system problem?	☐	☒	☐
8. During the past year, have you received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug?	☐	☒	☐
9. For women: Are you pregnant or is there a chance you could become pregnant during the next month?	☐	☒	☐
10. Have you received any vaccinations in the past 4 weeks?	☐	☒	☐

FORM COMPLETED BY Rohit DATE 03/03/20

FORM REVIEWED BY _____ DATE _____

Did you bring your immunization record card with you? yes ☐ no ☐

It is important for you to have a personal record of your vaccinations. If you don't have a personal record, ask your healthcare provider to give you one. Keep this record in a safe place and bring it with you every time you seek medical care. Make sure your healthcare provider records all your vaccinations on it.