

Initial 2-Step _____
Annual 1-Step _____

GLENWOOD, INC.
TB Skin Testing

Name: Rhonda Alexander Program: Glenwood - Montgomery
Client No.: _____ Date of Birth: 12-15-1960

Please circle the answer for the following:

Have you ever had a positive TB skin test?	Yes	No
Have you ever had an abnormal chest x-ray?	Yes	No
Have you been in contact with anyone who has active TB?	Yes	No
Have you been diagnosed with HIV or AIDS?	Yes	No
Have you been on immunosuppressive therapy?	Yes	No
Have you been diagnosed with Hodgkin's Disease, Leukemia, or end-stage renal disease?	Yes	No
Have you ever abused IV drugs?	Yes	No
Were you born in the USA?	Yes	No
Do you abuse alcohol or other substances?	Yes	No
Do you have any of the following medical conditions? Diabetes? Corticosteroid Therapy? Post gastrectomy? Or Silicosis?	Yes	No

Please note**If you have had a positive TB skin test in the past, you are to notify the Health Services Nurse, and will not be given the TB skin test. You will need a chest x-ray.

This section to be completed by Health Services Nurse.

	Date Placed	Nurse	Date Read	Result	Nurse
Step 1					
Step 2	8/15/17	Amy Morris	08/17/17	Negative	Amy Morris

Comments/Referrals:

AUBURN UNIVERSITY MONTGOMERY
STUDENT HEALTH CENTER
IRMA B. MOORE HALL RM. 102
P.O. BOX 244023
MONTGOMERY, AL 36124-4023

Next due date _____