

Initial 2-Step ☒
Annual 1-Step ☐

GLENWOOD, INC.
TB Skin Testing

Name: Megan Traffanstedt Program: Montgomery #701
Client No.: 7499 Date of Birth: 11-03-1988

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 (L)	09/11/17	(Signature)	9/13/17	0.00 mm Negative	(Signature)
Step 2			09/		

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 _____