



INITIAL TUBERCULOSIS (TB) SKIN TEST

LAST NAME: Jones

FIRST NAME: Jessica

TSCC ID #: _____

TUBERCULIN (TB) 2 STEP MANTOUX SKIN TEST - TO BE COMPLETED BY PHYSICIAN, NURSE PRACTITIONER, OR NURSE.

STEP 1 - TEST #1:

NAME OF PERSON ADMINISTERING: Miranda Bicknell, RN

DATE ADMINISTERED (TEST #1): 11/02/23 LOT #: C58U7AA

EXPIRATION DATE: 4/19/2023

DATE READ: 11/30/23 (MUST BE WITHIN 48-72 HRS AFTER DATE ADMINISTERED)

TEST 1 RESULTS: ☐ POSITIVE ☒ NEGATIVE ☐ REDNESS (please identify results with a ✓)

0 mm (please provide measure in millimeters)

PHYSICIAN/NURSE PRACTITIONER SIGNATURE

[Signature]

only the first step
is done at PUM - 2nd step
to be done
elsewhere

On the date read (48-72 hrs after it is administered), your provider will evaluate, measure, and interpret the area. Your provider will document the millimeters (e.g. 0 mm, 4 mm, 12 mm) and if the 1st TST is negative, you will return for the 2nd test in 7-21 days. If the 1st test is positive, you should see your provider for additional evaluation and treatment.

IF TEST #1 WAS NEGATIVE - WAIT 7-21 DAYS BEFORE COMPLETING STEP 2

STEP 2 - TEST #2 - 7 - 21 DAYS AFTER STEP 1

NAME OF PERSON ADMINISTERING: _____

DATE ADMINISTERED (TEST #2): _____ LOT #: _____

EXPIRATION DATE: _____

DATE READ: _____ (MUST BE WITHIN 48-72 HRS AFTER DATE ADMINISTERED)

TEST 2 RESULTS: ☐ POSITIVE ☐ NEGATIVE ☐ REDNESS (please identify results with a ✓)

_____ mm (please provide measure in millimeters)

PHYSICIAN/NURSE PRACTITIONER SIGNATURE _____

Provider:
Please place office stamp
here (if possible) for
validation purposes.

On the date read (48-72 hrs after TEST #2), your provider will evaluate, measure, and interpret the TST. Document the millimeters (e.g. 0 mm, 4 mm, 12 mm). If the 2nd TST is negative - you are done!

On the date read (48-72 hrs after TEST #2), your provider will evaluate, measure, and interpret the TST. Document the millimeters (e.g. 0 mm, 4 mm, 12 mm). If the 2nd TST is positive, you should see your provider for additional information & treatment.

IMPORTANT NOTE:

If a TB skin test cannot be performed due to past + test or BCG vaccination:

- 1) Your provider will likely order a chest x-ray and you will provide the program with a Radiologist's report - OR
- 2) Your provider (on provider letterhead) can document that you are free from TB and do not need a 2-step TB test or chest x-ray

Name: Jessica Johnson Date of Birth / /

Date: / /

Screening Checklist for Contraindications to Vaccines for Adults

PATIENT NAME Jessica Johnson

DATE OF BIRTH 01 / 18 / 92
month day year

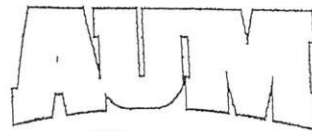
For patients: The following questions will help us determine which vaccines you may be given today. If you answer "yes" to any question, it does not necessarily mean you should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare 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 Jessica Johnson DATE _____
FORM REVIEWED BY MB RN DATE 1/13/2023

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.



**WARHAWK
HEALTH SERVICES**

TB Screening Questionnaire

Name: Jessie Jan

Date of Birth: 01-18-92

Student Number: _____

Please mark "yes" or "no" to the following questions.

YES NO

1. Do you have a cough that has lasted longer than 3 weeks?		✓
2. Have you coughed up blood or mucus?		✓
3. Have you had fever, chills, or night sweats?		✓
4. Have you had unintentional weight loss?		✓
5. Have you been feeling very tired?		✓
6. Have you lost your appetite?		✓
7. Have you ever had a positive TB skin test result or Positive interferon gamma release assay (IGRA) result? If so, when?		
8. Have you ever had an abnormal chest x-ray?		✓
9. Have you recently had the mucus coughed up tested for TB?		✓
10. Have you ever been told you had TB or latent TB?		✓
11. Have you ever taken medicine for TB?		✓
12. Have you ever lived with or had close contact with someone who had TB?		✓
13. Do you currently have a rash on either forearm?		✓
14. Are you immunocompromised? (Steroids, chemotherapy, or other?)		✓
15. Have you received a live vaccine in the past 30 days?		✓

All TB skin test and Chest x-rays must be performed in the U.S. to be valid.

I attest the above is true and accurate to the best of my knowledge.

Patient Signature: Jessie Jan

Date: 1-10-23

Provider Signature: W.B. M. R.N.

Date: 1/10/23

Patient Information	Specimen Information	Client Information
JOHNSON, JESSICA DOB: 01/18/1992 AGE: 30 Gender: F Phone: 334.451.7234 Patient ID: 5253	Specimen: AL836026Y Requisition: 2957044 Lab Ref #: 00856057 Collected: 01/10/2023 / 16:19 CST Received: 01/11/2023 / 03:09 CST Reported: 01/11/2023 / 15:21 CST	Client #: 49100638 QATL0000 BARTON, LINDSEY AUM NURSING CARE CENTER 7461 EAST DRIVE #102 MONTGOMERY, AL 36117

PROVIDER: BICKNELL MIRANDA

Test Name	In Range	Out Of Range	Reference Range	Lab
HEPATITIS B SURFACE AB IMMUNITY, QN		<5 L	> OR = 10 mIU/mL	AT

Patient does not have immunity to hepatitis B virus.

For additional information, please refer to
<http://education.questdiagnostics.com/faq/FAQ105>
(This link is being provided for informational/
educational purposes only).

PENDING TESTS:

MEASLES, MUMPS, AND RUBELLA (MMR) AB (IGG) PANEL, IMMUNE STATUS	VARICELLA ZOSTER VIRUS ANTIBODY (IGG)
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PERFORMING SITE:

AT QUEST DIAGNOSTICS-ATLANTA, 1777 MONTREAL CIRCLE, TUCKER, GA 30084-6802 Laboratory Director: ANDREW N YOUNG, MD, PHD, CLIA: 11D0255931

LIST OF RESULTS PRINTED IN THE OUT OF RANGE COLUMN:

HEPATITIS B SURFACE AB IMMUNITY, QN	<5 L	> OR = 10 mIU/mL	AT
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Patient does not have immunity to hepatitis B virus.

For additional information, please refer to
<http://education.questdiagnostics.com/faq/FAQ105>
(This link is being provided for informational/
educational purposes only).

Patient Information	Specimen Information	Client Information
JOHNSON, JESSICA DOB: 01/18/1992 AGE: 30 Gender: F Phone: 334.451.7234 Patient ID: 5253	Specimen: AL836026Y Requisition: 2957044 Lab Ref #: 00856057 Collected: 01/10/2023 / 16:19 CST Received: 01/11/2023 / 03:09 CST Reported: 01/11/2023 / 18:43 CST	Client #: 49100638 QATL0000 BARTON, LINDSEY AUM NURSING CARE CENTER 7461 EAST DRIVE #102 MONTGOMERY, AL 36117

PROVIDER: BICKNELL MIRANDA

Test Name	In Range	Out Of Range	Reference Range	Lab
MEASLES, MUMPS, AND RUBELLA (MMR) AB (IGG) PANEL, IMMUNE STATUS				AT
MEASLES AB (IGG), IMMUNE STATUS	198.00		AU/mL	
AU/mL	Interpretation			
<13.50	Not consistent with immunity			
13.50-16.49	Equivocal			
>16.49	Consistent with immunity			
The presence of measles IgG suggests immunization or past or current infection with measles virus.				
For additional information, please refer to http://education.QuestDiagnostics.com/faq/FAQ162 (This link is being provided for informational/educational purposes only.)				
MUMPS VIRUS AB (IGG), IMMUNE STATUS	168.00		AU/mL	AT
AU/mL	Interpretation			
<9.00	Not consistent with immunity			
9.00-10.99	Equivocal			
>10.99	Consistent with immunity			
The presence of mumps IgG antibody suggests immunization or past or current infection with mumps virus.				
RUBELLA AB (IGG), IMMUNE STATUS	5.42		Index	AT
Index	Interpretation			
<0.90	Not consistent with immunity			
0.90-0.99	Equivocal			
> or = 1.00	Consistent with immunity			
The presence of rubella IgG antibody suggests immunization or past or current infection with rubella virus.				
HEPATITIS B SURFACE AB IMMUNITY, QN	<5 L		> OR = 10 mIU/mL	AT
Patient does not have immunity to hepatitis B virus.				
For additional information, please refer to http://education.questdiagnostics.com/faq/FAQ105 (This link is being provided for informational/educational purposes only).				
VARICELLA ZOSTER VIRUS ANTIBODY (IGG)	2975.00		index	AT
Index	Interpretation			

Patient Information	Specimen Information	Client Information
JOHNSON, JESSICA DOB: 01/18/1992 AGE: 30 Gender: F Patient ID: 5253	Specimen: AL836026Y Collected: 01/10/2023 / 16:19 CST Received: 01/11/2023 / 03:09 CST Reported: 01/11/2023 / 18:43 CST	Client #: 49100638 BARTON, LINDSEY

Test Name	In Range	Out Of Range	Reference Range	Lab
<135.00	Negative - Antibody not detected			
135.00 - 164.99	Equivocal			
> or = 165.00	Positive - Antibody detected			

A positive result indicates that the patient has antibody to VZV but does not differentiate between an active or past infection. The clinical diagnosis must be interpreted in conjunction with the clinical signs and symptoms of the patient. This assay reliably measures immunity due to previous infection but may not be sensitive enough to detect antibodies induced by vaccination. Thus, a negative result in a vaccinated individual does not necessarily indicate susceptibility to VZV infection. A more sensitive test for vaccination-induced immunity is Varicella Zoster Virus Antibody Immunity Screen, ACIF.

PERFORMING SITE:

AT QUEST DIAGNOSTICS-ATLANTA, 1777 MONTREAL CIRCLE, TUCKER, GA 30084-6802 Laboratory Director: ANDREW N YOUNG, MD, PHD, CLIA: 11D0255931

LIST OF RESULTS PRINTED IN THE OUT OF RANGE COLUMN:

HEPATITIS B SURFACE AB
IMMUNITY, QN

<5 L

> OR = 10 mIU/mL

AT

Patient does not have immunity to hepatitis B virus.

For additional information, please refer to
<http://education.questdiagnostics.com/faq/FAQ105>
(This link is being provided for informational/
educational purposes only).

Patient Information	Specimen Information	Client Information
JOHNSON, JESSICA DOB: 01/18/1992 AGE: 30 Gender: F Phone: 334.451.7234 Patient ID: 5253	Specimen: AL950239Y Requisition: 3064823 Lab Ref #: 00857194 Collected: 01/13/2023 / 11:27 CST Received: 01/14/2023 / 04:50 CST Reported: 01/14/2023 / 05:21 CST	Client #: 49100638 QATL0000 BARTON, LINDSEY AUM NURSING CARE CENTER 7461 EAST DRIVE #102 MONTGOMERY, AL 36117

PROVIDER: BICKNELL MIRANDA

Test Name	In Range	Out Of Range	Reference Range	Lab
CBC (INCLUDES DIFF/PLT)				AT
WHITE BLOOD CELL COUNT	7.9		3.8-10.8 Thousand/uL	
RED BLOOD CELL COUNT	4.95		3.80-5.10 Million/uL	
HEMOGLOBIN	13.2		11.7-15.5 g/dL	
HEMATOCRIT	39.5		35.0-45.0 %	
MCV		79.8 L	80.0-100.0 fL	
MCH		26.7 L	27.0-33.0 pg	
MCHC	33.4		32.0-36.0 g/dL	
RDW	13.3		11.0-15.0 %	
PLATELET COUNT	283		140-400 Thousand/uL	
MPV	11.9		7.5-12.5 fL	
ABSOLUTE NEUTROPHILS	4219		1500-7800 cells/uL	
ABSOLUTE LYMPHOCYTES	2907		850-3900 cells/uL	
ABSOLUTE MONOCYTES	608		200-950 cells/uL	
ABSOLUTE EOSINOPHILS	119		15-500 cells/uL	
ABSOLUTE BASOPHILS	47		0-200 cells/uL	
NEUTROPHILS	53.4		%	
LYMPHOCYTES	36.8		%	
MONOCYTES	7.7		%	
EOSINOPHILS	1.5		%	
BASOPHILS	0.6		%	

PERFORMING SITE:

AT QUEST DIAGNOSTICS-ATLANTA, 1777 MONTREAL CIRCLE, TUCKER, GA 30084-6802 Laboratory Director: ANDREW N YOUNG,MD,PHD, CLIA: 11D0255931

LIST OF RESULTS PRINTED IN THE OUT OF RANGE COLUMN:

MCV	79.8 L	80.0-100.0 fL	AT
MCH	26.7 L	27.0-33.0 pg	AT



HEALTH EXAMINATION FORM

LAST NAME: Johnson FIRST NAME: Jessica TSCC ID #: _____ PHONE NUMBER: _____

THE FOLLOWING INFORMATION MUST BE COMPLETED BY A PHYSICIAN, NURSE PRACTITIONER, OR NURSE.

Allergies (Food/Drug/Latex, etc.)			
NK A			
C O M P L E T E	Height	<u>49 in.</u>	Weight <u>290.3 lb</u> BP <u>138/90</u> Pulse <u>87</u>
	Vision Right 20/	<u>50</u>	Left 20/ <u>50</u> Corrected: Y ☐ N ☒

The student has been diagnosed with a chronic/serious medical condition(s)? (Ex. Diabetes, hypertension, seizure disorders, etc.?) _____ Yes ☒ No

If yes, please list: _____

Is/are the condition(s) being presently controlled or treated? _____ Yes _____ No If yes, please describe: _____

The student has been diagnosed with a psychiatric/mental condition(s)? (Ex. Bipolar, depression, chemical dependency, etc.) _____ Yes ☒ No

Is/are the condition(s) being presently controlled or treated? _____ Yes _____ No If yes, please describe: _____

The student is taking prescribed medications on a regular basis? _____ Yes ☒ No

If yes, please list: _____

On the basis of my examination on this day Jan. 13, 2023 I approve the student's participation in Clinical Education.

☒ Yes ☐ No ☐ Limited - If limited, please describe: (After ophthalmology eval for vision screening.)

PHYSICIAN/NURSE PRACTITIONER NAME & CREDENTIALS (PLEASE PRINT) Lindsey Barton, RN, NP

PHYSICIAN/NURSE PRACTITIONER SIGNATURE [Signature]

Provider:
Please place office stamp
here (if possible) for
validation purposes.

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