



Clinical services provided and/or recorded by Baptist Health 400 Taylor Rd. Montgomery, AL 36117; 2105 E. South Blvd. Montgomery, AL 36111; 200 S Memorial Dr. Prattville, AL 36067. Contact (334) 266-2739 for additional information.
Record/Results Printed: 05/02/2018 10:17 am

Employee: BROWN, CARLISSA

TUBERCULIN SKIN TEST (TST) APPLICATION RECORD

Appointment Date	04/09/2018 00:00	05/10/2016 07:28	02/20/2015 17:20
Prior TST documents received?			YES AND BROUGHT DOCUMENTATION
Date of previous TST:			01/02/2015
Result of previous TST:			NEGATIVE
TST application status:	TST APPLIED: ANNUAL TEST	TST APPLIED: ANNUAL TEST	TST APPLIED: FIRST OF TWO (TWO-STEP) (PRE-PLACEMENT)
Date applied:	04/19/2018		01/02/2015
Name (HCW applying test):	Ashleigh Jacks		Immunization record, Auburn University Montgomery.
Administration site:			
Reason not given (optional):	OTHER REASON	OTHER REASON	
If TB positive (determined by a previous positive TST or the employee is BCG positive) did the employee report any new symptoms consistent with TB? (See current survey)	NO		
Adverse reaction to TST (i.e. swollen arm, difficulty breathing):	YES		
Adverse reaction description:	previously documented sensitivity to PPD.	On last 1b1st of 2/2015 there was remarkable redness, itching and sensitivity at site. She was instructed that she likely is allergic to the ppd medication and should not take it again, has had multiple sensitivities and reaction worsens each time. CXR ordered 5/10/16.	
Name of person recording data:	Ashleigh Jacks	Belinda Celka, RN	Shirley Luckerson RN
Record date:			02/20/2015
Reviewed by:			Shirley Luckerson Rn
Date reviewed:			02/20/2015
Product Name			
Lot Number			
Presentation			
Dose Administered			
Route			
Product ID			
CPT 4 Code			
Dose Form			
Manufacturer			

This Electronic Health Record was generated by the ReadySet Employee Health System.
This Electronic Health Record contains personal health information and is intended for authorized healthcare personnel only.
Contact Baptist Health Employee Health Services for more information.

122 10/13/13 (10)

ADULT IMMUNIZATION RECORD

Allergies:

Reactions:

Name: BROWN, CARLISSA DANNA
 DOB: 01/14/1992
 CHR#: 211007635
 Date of Service: 08/08/2013

Vaccine Family	Type of Vaccine (no Brand Name)	Date Given (mm/dd/yy)	Age at Adm	Dose (cc/mL)	Route & Site	Mfr.	Lot #	VIS Date	Q	Vaccinator Signature
Tetanus, Diphtheria, (Pertussis) (e.g., Td, Tdap)	DTP	03/17/92	2 m	0.5						
	DTP	06/10/92	4 m	0.5						
	DTP	10/06/92	8 m	0.5						
	DTP	05/11/93	15 m	0.5						
	TD (ADULT)	09/13/05	13 y	0.5						
Hepatitis A (e.g., HepA, HepA-HepB)	HEP A	08/21/09	17 y	0.5 1.0						
Hepatitis B (e.g., HepB, HepB-Hib, DTaP-HepB-IPV, HepA-HepB)	HEP B	12/18/00	8 y	0.5 1.0						
	HEP B	02/26/02	10 y	0.5 1.0						
	HEP B	09/13/05	13 y	0.5 1.0						
Human Papillomavirus (e.g., HPV)	HPV (GARDASIL)	05/06/09	17 y	0.5						
	HPV (GARDASIL)	08/21/09	17 y	0.5						
Measles, Mumps, Rubella (MR, MMRV)	MMR	05/11/93	15 m	0.5						
	MMR	04/16/96	4 y	0.5						
Meningococcal (MCV4, MPSV4)										
Pneumococcal (e.g. PCV, PPV)										
Polio (e.g., IPV, DTaP-HepB-Hib)	OPV	03/17/92	2 m	0.5						
	OPV	06/10/92	4 m	0.5						
	OPV	05/11/93	15 m	0.5						
Varicella (Var, MMRV)	Varicella Disease History	06/15/95								
Influenza (e.g., TIV, LAIV)										
Zoster										
Other	HIB	03/17/92	2 m							
	HIB	06/10/92	4 m							
	HIB	10/06/92	8 m							
	HIB	05/11/93	15 m							

CHR 8A

CRENSHAW CO HLTH DEPT
 15 HOSPITAL DR
 PO BOX 326
 LUVERNE, AL36049
 334 3352471

PPD	Date	Results	PPD	Date	Results
Mantoux			Maxtoux		
Mantoux			Mantoux		
Mantoux			Mantoux		

ADULT IMMUNIZATION RECORD

Allergies:

Reactions:

Name: BROWN, CARLISSA DANNA

DOB: 01/14/1992

CHR#: 211007835

Date of Service: 03/18/2013

Vaccine Family	Type of Vaccine (no Brand Name)	Date Given (mm/dd/yy)	Age at Adm	Dose (cc/mL)	Route & Site	Mfr.	Lot #	VIS Date	O	Vaccinator Signature
Tetanus, Diphtheria, (Pertussis) (e.g., Td, Tdap)	DTP	03/17/92	2 m	0.5						
	DTP	06/10/92	4 m	0.5						
	DTP	10/08/92	8 m	0.5						
	DTP	05/11/93	15 m	0.5						
	TD (ADULT)	09/13/05	13 y	0.5						
Hepatitis A (e.g., HepA, HepA-HepB)	HEP A	08/21/09	17 y	0.5 1.0						
Hepatitis B (e.g., HepB, HepB-Hib, DTaP-HepB-IPV, HepA- HepB)	HEP B	12/18/00	8 y	0.5 1.0						
	HEP B	02/28/02	10 y	0.5 1.0						
	HEP B	09/13/05	13 y	0.5 1.0						
Human Papillomavirus (e.g., HPV)	HPV (GARDASIL)	05/08/09	17 y	0.5						
	HPV (GARDASIL)	08/21/09	17 y	0.5						
Measles, Mumps, Rubella (MM, MMRV)	MMR	05/11/93	15 m	0.5						
	MMR	04/18/98	4 y	0.5						
Meningococcal (MCV4, MPSV4)										
Pneumococcal (e.g. PCV, PPV)										
Polio (e.g., IPV, DTaP-HepB- Hib)	OPV	03/17/92	2 m	0.5						
	OPV	06/10/92	4 m	0.5						
	OPV	05/11/93	15 m	0.5						
Varicella (Var, MMRV)	Varicella Disease History	06/15/95								
Influenza (e.g., TIV, LAN)										
Zoster										
Other	HIB	03/17/92	2 m							
	HIB	06/10/92	4 m							
	HIB	10/08/92	8 m							
	HIB	05/11/93	15 m							

CHR 8A

CRENSHAW CO HLTH DEPT
15 HOSPITAL DR
PO BOX 328
LIVERNE, AL38049
334 3352471

PPD	Date	Results	PPD	Date	Results
Mantoux			Mantoux		
Mantoux			Mantoux		
Mantoux			Mantoux		

**AUM NURSING CARE CENTER
IMMUNIZATION RECORD**

PATIENT NAME: Carissa Brown BIRTHDATE: 1-14-92

ALLERGIES/MEDICAL ALERT: _____

IMMUNIZATION	DATE	SITE	DOSE	MFR	LOT#	COMMENTS	VIS/DATE	INITIALS
DPT								
DPaT								
DT								
Td BOOSTER								
MMR								
MR								
HIB								
HEPATITIS B								
OTHER								

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

TUBERCULIN TESTING PPD (MANTOUX) 0.1ml ID	DATE GIVEN	DATE READ	RESULTS	MFR	LOT#	COMMENTS	INITIALS
	3-18-13	3/20/13	<5mm	S.P.	C4178A	⑤ Jarama	JS

INITIALS	SIGNATURE	INITIALS	SIGNATURE
JS	Carissa Brown		

**AUM NURSING CARE CENTER
IMMUNIZATION RECORD**

PATIENT NAME: Carrie Brown BIRTHDATE: 1-14-92

ALLERGIES/MEDICAL ALERT: _____

IMMUNIZATION	DATE	SITE	DOSE	MFR	LOT #	COMMENTS	VIS/DATE	INITIALS
DPT								
DPaT								
DT								
Tdap	11/12/13	RD	0.5	Tdap BOOSTRIX® LOT: P572X EXP: 02/19/16			5/13	AM
Td BOOSTER								
MMR								
MR								
HIB								
HEPATITS B								
OTHER								

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

TUBERCULIN TESTING PPD (MANTOUX) 0.1ml ID	DATE GIVEN	DATE READ	RESULTS	MFR	LOT #	COMMENTS	INITIALS
	3-18-13	3/20/13	<5mm	S.P.	C4178AA	(D) Forearm	AM
	11/12/13	11/19/13	0mm	SP	C4462AC	(L) Forearm	AM
	11/19/13			SP	C4461AA	(R) Forearm	BM

INITIALS	SIGNATURE	INITIALS	SIGNATURE
AM	Dr. Robert R. R. R.	BM	Brittany Maynard

Patient name:

Carlissa Brown

Date of birth:

11/14/92
(mo.) (day) (yr.)

Screening Checklist for Contraindications to Vaccines for Adults

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 weaken your immune system, such as cortisone, prednisone, other steroids, or anticancer drugs, 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:

Carlissa Brown

Date:

11/12/13

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.

Path/Lab Results Report

localized
reaction
10mm

Patient Name: Brown, Carlissa D.
Gender: F DOB: 01/14/1992 Age: 22 yrs
Phone: (334) 537-4777

Examining Clinician: Griffith Walters
Patient #: 154199
Chart #:
Requisition #:

Date Ordered/ Performed	Test Name/ Result Name	Ind	Results	Expected Range	Units	Reported Date/Time	Loc Code
01/02/2015	-- TB INTRADERMAL TEST						
01/02/2015	TB INTRADERMAL TEST	H	10	0 - 4	mm/induration	01/02/2015 8:50 AM	
Lot #			c4584aa			01/02/2015 8:50 AM	
Expiration date			11/5/16			01/02/2015 8:50 AM	

*** Results are Final ***

Order Comments: given to left forearm mp lpn

Tuberculin Skin Test

Student Name Carlissa Brown (800085499)

D.O.B. January 14, 1992

Date Test Performed 1/2/15 left forearm M. Peterson lpr

Date Test Read 1/4/15

Results (in mm)* 10 mm negative

Given by: M. Peterson lpr

Read by: D. Coleman / Dr. Walters

Facility Name and Address: Sarha Drs Ctr

1412 Elba Hwy Troy, AL 36069
Troy, AL

*If results are greater than 10mm, the student will need to have a chest x-ray evaluated by a physician and the appropriate medical treatment.

Please send results to:
AUM-Student Health Center
P.O. Box 244023
Montgomery, AL 36124-4023
Fax 334-244-3396

WAIT 10Min 5:55 PM
PAT 0 Calls
PBR 0 Calls

F1 0 F4 0 CWD 2 TPR 24 PFL 6 MSC 2
FILL 1 REV 1 WCB 25 DUF 6 OOS 12 STAT5

Help

Prescriptions Patient Information Medical History Order Entry Prescriptions Patient Documents

Search

CARLISSA BROWN 01/14/1992 Age: 22 years

Patent Queue 4
DPR Review 0

Log out

Allergies

ADD No known

Need Info

Show Inactive

Non-system

allergy

Health Condition

ICD Code Name

Medications

Clinical Services

Immunization Name

Flu (Influenza)

Immunization Detail

FLUVIRIN MULTIDOSE 2014-2015

Administered Immunizations

Product Name:

FLUVIRIN MULTIDOSE
2014-2015

Date Administered:

10/6/2014

Manufacturer:

NOVARTIS PHARMACEUTICAL
CORP.

Administered By:

FORAN, HEATHER

Dosage:

Pre-fill By:

FORAN, HEATHER

Route:

Intramuscular

Injection Site:

Right Arm

Published VIS Date:

1/1/2001

Exp. Date:

6/30/2015

Prescriber:

STANFORD, MICHAEL JAMES

Lot #:

3412801

Status:

Comments:

Data Reviewed By: FORAN, HEATHER

* Non-system

Show Inactive

Walgreens #6843
2281 E. South Blvd.
Montgomery, AL 36116

OK

10/6/2014

Administered By

Log out



SOLSTAS
LAB PARTNERS

2732 7th Ave South
Birmingham, AL 35233
Phone: 205-313-1240
Fax: 205-313-1250

AUM NURSING CARE CENTER
7461 EAST DRIVE
MONTGOMERY, AL 36117

Patient Name BROWN, CARLISSA			Requesting Physician: FUENTES, MARYLUZ	
Sex/Species: FEMALE	Date of Birth: 01/14/1992	Age: 21	Accession: E061842	
Patient Phone:	Patient ID #: BROWNCARLISSA316	Med. Rec. #:	Requisition: Collected: 11/12/2013 15:20 Reported: 11/14/2013 11:53	

REQUEST	RESULT	UNITS	NORMALS	TEST LOC
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Amended on: 11/14/2013 11:53

HEPATITIS B SURFACE ANTIBODY	30.6	mIU/mL		BHAM
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<10 mIU/mL = NONREACTIVE: PATIENT IS CONSIDERED NOT TO HAVE
PROTECTIVE IMMUNITY TO HBV INFECTION.

>=10 mIU/mL = REACTIVE: PATIENT IS CONSIDERED TO HAVE PROTECTIVE
IMMUNITY TO HBV INFECTION.

VARICELLA-ZOSTER VIRUS ANTIBODY, IgG				SLN
VARICELLA-ZOSTER VIRUS AB, IgG	3.85 H	ISR	<0.90	

ISR = Immune Status Ratio

<0.90	ISR	Negative
0.90 - 1.09	ISR	Equivocal
>=1.10	ISR	Positive

ABNORMAL SUMMARY

VARICELLA-ZOSTER VIRUS ANTIBODY, IgG			
VARICELLA-ZOSTER VIRUS AB, IgG	3.85 H	ISR	<0.90

PLEASE NOTE: The abnormal summary is supplied as a tool for identifying abnormal results. All results must still be reviewed as some abnormal results will not be included due to their interpretative or textual nature.

FINAL REPORT

Testing Locations:

BHAM	SOUTHERN DIAGNOSTIC LABORATORIES - 2732 7TH AVENUE SOUTH	BIRMINGHAM, AL 35233 205-313-1240 CLIA #:01D1015388
SLN	SOLSTAS LAB PARTNERS - MAIN - 4380 FEDERAL DRIVE SUITE 100	GREENSBORO, NC 27410 CLIA #:34D0932172

BROWN, CARLISSA

Page: 1 (last)

AUM-Student Health Center
Tuberculosis Screening Questionnaire

Our records indicate you to be skin test positive for tuberculosis (TB). A positive skin test generally means that sometime during your life, you have been infected with the tuberculosis bacteria. It does not necessarily mean you have active tuberculosis disease now.

In the past, a yearly chest x-ray was thought to be necessary for any person with a positive TB skin test. It is now understood that some people with active tuberculosis still can have a normal chest x-ray. Yearly chest x-rays also expose you to unnecessary radiation over the course of your working career.

Monitory for symptoms of tuberculosis has been shown to be a more effective method of detecting active TB. Consequently, this brief questionnaire is very important. Please answer all of the questions on this page. If you have symptoms of TB, you will need to obtain clearance from your health care provider.

Did you complete INH therapy? _____ yes X no

Do you have any of the following symptoms?

- | | | |
|---|-----------|-----------------|
| 1. Productive cough for at least 3 weeks? | _____ yes | <u> X </u> no |
| 2. Weight loss without dieting? | _____ yes | <u> X </u> no |
| 3. Persistent fever or chills? | _____ yes | <u> X </u> no |
| 4. Night sweats? | _____ yes | <u> X </u> no |
| 5. Loss of appetite? | _____ yes | <u> X </u> no |
| 6. Coughing up blood? | _____ yes | <u> X </u> no |
| 7. Tiring easily? Fatigue? | _____ yes | <u> X </u> no |
| 8. Chest pain? | _____ yes | <u> X </u> no |
| 9. Other symptoms? | _____ yes | <u> X </u> no |

If yes, please describe:

Name: Carlissa Brown
Signature: Carlissa Brown
Reviewed by: My M RN-BC
(Student Health Personnel)

D.O.B. 01/14/92
Date: 5/3/18
Date: 5/3/18

TB Clearance Required for: AUM - School of Nursing

Comments: _____



SOLSTAS
LAB PARTNERS

2732 7th Ave South
Birmingham, AL 35233
Phone: 205-313-1240
Fax: 205-313-1250

AUM NURSING CARE CENTER
7461 EAST DRIVE
MONTGOMERY, AL 36117

Patient Name BROWN, CARLISSA		Requesting Physician: FUENTES, MARYLUZ	
Sex/Species: FEMALE	Date of Birth: 01/14/1992	Age: 21	Accession: E061842
Patient Phone:	Patient ID #: BROWNCARLISSA316	Med. Rec. #:	Requisition:
			Collected: 11/12/2013 15:20
			Reported: 11/14/2013 11:53

REQUEST	RESULT	UNITS	NORMALS	TEST LOC
Amended on: 11/14/2013 11:53				
HEPATITIS B SURFACE ANTIBODY	30.6	mIU/mL		BHAM
 <10 mIU/mL = NONREACTIVE: PATIENT IS CONSIDERED NOT TO HAVE PROTECTIVE IMMUNITY TO HBV INFECTION. >=10 mIU/mL = REACTIVE: PATIENT IS CONSIDERED TO HAVE PROTECTIVE IMMUNITY TO HBV INFECTION.				
VARICELLA-ZOSTER VIRUS ANTIBODY, IgG				SLN
VARICELLA-ZOSTER VIRUS AB, IgG	3.85 H	ISR	<0.90	
ISR = Immune Status Ratio				
<0.90	ISR	Negative		
0.90 - 1.09	ISR	Equivocal		
>=1.10	ISR	Positive		
ABNORMAL SUMMARY				
VARICELLA-ZOSTER VIRUS ANTIBODY, IgG				
VARICELLA-ZOSTER VIRUS AB, IgG	3.85	H	ISR	<0.90
 PLEASE NOTE: The abnormal summary is supplied as a tool for identifying abnormal results. All results must still be reviewed as some abnormal results will not be included due to their interpretative or textual nature.				
FINAL REPORT				
Testing Locations:				
BHAM	SOUTHERN DIAGNOSTIC LABORATORIES - 2732 7TH AVENUE SOUTH BIRMINGHAM, AL 35233 205-313-1240 CLIA #:01D1015388			
SLN	SOLSTAS LAB PARTNERS - MAIN - 4380 FEDERAL DRIVE SUITE 100 GREENSBORO, NC 27410 CLIA #:34D0932172			

BROWN, CARLISSA	Page: 1 (last)
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