



REPORT OF TUBERCULOSIS SCREENING

Date of Screening: _____

Name: _____

Date of Birth: _____

The above named individual has been evaluated by _____

(Name of health dept. or facility)

_____ A tuberculin skin test (PPD) is not indicated at this time due to the absence of symptoms suggestive of active tuberculosis, risk factors for developing active TB or know recent contact exposure.

_____ The individual has a history of a positive tuberculin skin test (latent TB infection). Follow-up chest x-ray is not indicated at this time due to the absence of symptoms suggestive of active tuberculosis.

_____ The individual either is currently receiving or has completed adequate medication for a positive tuberculin skin test (latent TB infection) and a chest x-ray is not indicated at this time. The individual has not symptoms suggestive of active tuberculosis disease.

_____ The individual had a chest x-ray on _____ that showed no evidence of active tuberculosis. As a result of this chest x-ray and the absence of symptoms suggestive of active tuberculosis disease, a repeat film is not indicated at this time.

Based on the available information, the individual can be considered free of tuberculosis in a communicable form.

Signature: _____ Date: _____

Address: _____ Phone: _____

If further testing is required, please indicate on page 2 what action is taken.

REPORT OF TUBERCULOSIS SCREENING (continued)

Adult Day Services

Virginia Tech Department of Human Development



Name: _____ Date of Birth: _____

The above named individual has been evaluated by _____ (Name of health dept. or facility)

Tuberculin Skin Test (PPD)

Date given: _____ Date read: _____

Results: _____ mm _____ Negative _____ Positive

The individual listed above has no symptoms or findings compatible with active tuberculosis. The individual is free of tuberculosis in a communicable form

Signature: _____ Date: _____

(MD or Health Department Official)

Address: _____ Phone: _____

Chest X-ray Report – No active disease Date of Chest X-ray: _____

_____ No evidence of active tuberculosis

The individual listed above has no symptoms or radiographic findings compatible with active tuberculosis. The individual is free of tuberculosis in a communicable form.

Signature: _____ Date: _____

(MD or Health Department Official)

Address: _____ Phone: _____

Chest X-ray Report – Abnormal Report Date of Chest X-ray: _____

_____ Chest x-ray abnormal, active tuberculosis to be ruled out.

Active tuberculosis cannot be ruled out in the individual listed above. The individual should be referred to a physician or health department for further evaluation.

Signature: _____ Date: _____

(MD or Health Department Official)

Address: _____ Phone: _____