

1700 Prairie City Road  
Folsom, CA 95630  
916-351-4800

**LOVETT, CHRISTINE A** MRN:10249661  
1161 ST ANDREWS DRIV DOB:08/10/1959  
EL DORADO HILLS, CA PT AGE 60  
95782DOI: CASE #:  
HM PH: 916-996-8116 WK PH:  
INS: CAP BLUE SHIELD TRIO H SUB:  
-----Appointment Info-----  
**FL5 IM NURSE ONLY** 553  
DATE: 11/05/2019 V#:33653666

## Tuberculosis Screening Questionnaire

Have you ever had a positive TB test?

☐ yes ☒ no

Have you ever received the BCG (tuberculosis) vaccine?

☐ yes ☒ no

Have you had any recent exposure to tuberculosis?

☐ yes ☒ no

Have you had any of the following symptoms over the past few months?

Fevers	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
Chills	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
Night sweats	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
Weight Loss	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
Cough	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
Shortness of Breath	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no

### Test Placement

Date 11/5/19 Time 11:30  
☒ Right Arm ☐ Left Arm  
0.1ml Tubersol Lot# C55870A Exp 5/24/21  
Administered by: Kim Bega

Date \_\_\_\_\_ Time \_\_\_\_\_  
☐ Right Arm ☐ Left Arm  
Booster Tubersol Lot# \_\_\_\_\_ Exp \_\_\_\_\_  
Administered by: \_\_\_\_\_

### Test Reading

Date 11/7/19 Time 1:30 pm  
Induration 0 mm x 0 mm  
Interpreted by: MC

Date 11.7.2019 Time \_\_\_\_\_  
Induration \_\_\_\_\_ mm x \_\_\_\_\_ mm  
Interpreted by: \_\_\_\_\_

Your TB test was placed on 11/5/19 at 11:30 am pm.

Please return after 11/7/19 11:30 or before 11/8/19 10:00 for official reading.  
Date Time Date Time

Please bring this form with you when you return for your reading.