

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

LOVETT,CHRISTINE A MRN:10249661

1161 ST ANDREWS DRIV DOB:09/10/1969

EL DORADO HILLS,CA PT AGE 60

95762DOI: 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# C5587CA 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: CR

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 _____