

LIFE SCAN WELLNESS CENTERS

(727) 258-4818

TB Questionnaire and Result Form

Employer: [REDACTED] Date: [REDACTED]
Patient Name: [REDACTED] Last 4 Digits of SS: [REDACTED]

Have you ever been exposed to someone with active Tuberculosis? Yes (No)

Comments: _____

Have you ever received a Tuberculosis vaccine? Yes (No)

Have you ever had a positive PPD skin test? Yes (No)

If Yes:

What Year? _____ Did you receive treatment for Tuberculosis? Yes No

How long did you take medication? _____

PPD TEST LOT # 57592 EXP # 12-19-2022

TB (PPD) administered: Left Arm (Right Arm) Date: 12-06-2022 Time: _____

Administered By: Lalita Kummeth Lalita Kummeth
PRINT NAME / SIGNATURE

<i>For Medical Personnel Reading Results</i>	Date Read: [REDACTED]
RESULT: Reaction: mm PPD is (check one): [REDACTED]	
Print Name, License Number, and Location of Medical Personnel Reading Results:	
Invalid [REDACTED]	
Signature of Medical Personnel Reading Results: [REDACTED]	

