

LIFE SCAN WELLNESS CENTERS

(727) 258-4818

TB Questionnaire and Result Form

Employer: [REDACTED]

Date: 04-19-2023

Patient Name: [REDACTED]

Last 4 Digits of SS:

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

Comments: _____

Have you ever received a Tuberculosis vaccine? Yes No X

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

If Yes:

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

How long did you take medication? _____

PPD TEST

LOT # 57592

EXP # 05-01-2024

TB (PPD) administered: left arm right arm Date: 04-19-2023 Time: 3:05 pm

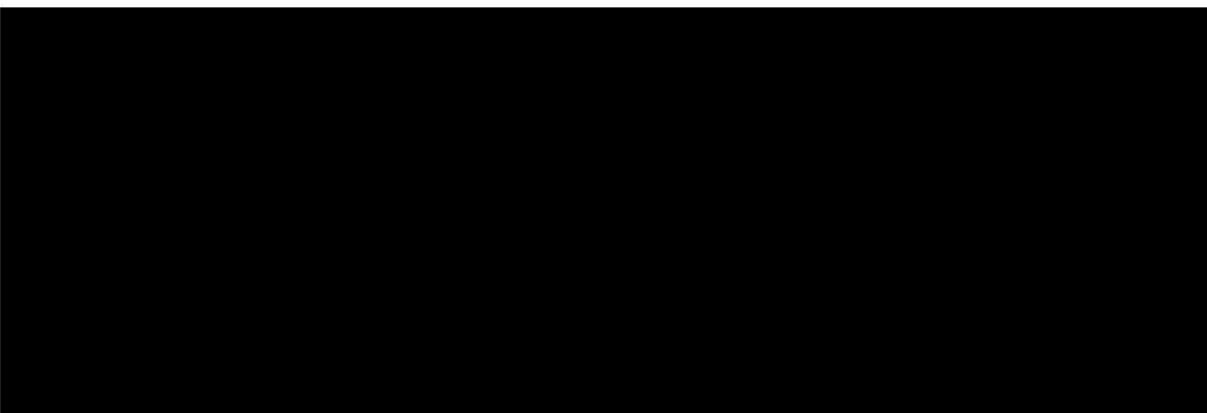
Administered By: Katherine

Riley, MSN, APRN, FNP-

BC

PRINT NAME

SIGNATURE



FAX RESULTS TO: (727) 258-4819
OR
EMAIL TO: pinellas@lifescanwellness.com

Medical Director
Anthony L. Capasso, M.D.