**Adult Care Center of the Northern Shenandoah Valley, Inc.**

**Report of Tuberculosis Screening Evaluation**

|  |
| --- |
|  |
| Tuberculosis (TB) screening evaluation is to be completed within 30 days prior to acceptance for admission or within 30 days prior to admission. |
| First Name | Middle Name | Last Name |  |
|  |  |  |  |
| Street Address | City | State | Zip Code |
|  |  |  |  |
|  |
| Date of most recent Mantoux tuberculin skin test | Result of most recent Mantoux tuberculin skin test |
|  |  |
| Previously positive | Exhibiting TB-like symptoms |
| [ ] Y[ ] N[ ] Unknown | [ ] Y[ ] N |
|  |
| If TB skin test is 10 mm or greater (5 mm in HIV-infected), previously positive or if TB-like symptoms exist, respond to the following |
| Date of last chest x-ray evaluation | Is the chest x-ray suggestive of active TB? |
|  | [ ] Y[ ] N |
| Were sputum smears collected an analyzed for the presence of Acid Fast Bacilli (AFB) | If the yes, were three consecutive smears negative for AFB? |
| [ ] Y[ ] N | [ ] Y[ ] N |
| Based on the above information, is this individual free of communicable TB? |
| [ ] Y[ ] N |
|  |
| Signature person completing this form |
|  |
| Printed Name | Title of person completing this form |
|  |  |
| Date | Phone Number |
|  |  |
|  |