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

**Report of Tuberculosis Screening Evaluation**

|  |  |  |  |  |  |  |  |  |  |  |
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| 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 | | | | | | |
| YNUnknown | | | | YN | | | | | | |
|  | | | | | | | | | | |
| 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? | | | | | | | |
|  | | | YN | | | | | | | |
| Were sputum smears collected an analyzed for the presence of Acid Fast Bacilli (AFB) | | | | | | If the yes, were three consecutive smears negative for AFB? | | | | |
| YN | | | | | | YN | | | | |
| Based on the above information, is this individual free of communicable TB? | | | | | | | | | | |
| YN | | | | | | | | | | |
|  | | | | | | | | | | |
| Signature person completing this form | | | | | | | | | | |
|  | | | | | | | | | | |
| Printed Name | | | | | | | Title of person completing this form | | | |
|  | | | | | | |  | | | |
| Date | Phone Number | | | | | | | | | |
|  |  | | | | | | | | | |
|  | | | | | | | | | | |