411 N. Cameron St.
Suite 100
Winchester, VA 22601

adultcare@ntelos.net
www.adultcarecenter.net

Adult Care Center
of the NSV, Inc.
Encouraging, engaging, & enriching since 1993

Office Phone
(540) 722-2273

Fax Phone
(540) 450-2263

Examination for tuberculosis is to be completed within 30 days before admission to the Adult Care Center.

Report of Tuberculosis Screening Evaluation

Name:_____ Birthdate:_____

Address:_____

1. Date and result of most recent Mantoux tuberculin skin test: Date:_____
   Millimeters (mm) of induration:_____

2. Check here if previously positive and above information unknown:_____

3. Check here if is exhibiting TB-like symptoms:_____

4. If TB skin test is 10 mm or greater (5 mm in the HIV-infected), previously positive or if TB-like symptoms exist, **respond to the following**:

   a. Date of last chest x-ray evaluation:_____

   b. Is the chest x-ray suggestive of active TB? *(circle one)* Yes No

   c. Were sputum smears collected and analyzed for the presence of Acid Fast Bacilli (AFB)? *(circle one)* Yes No

   d. If the answer to 4c is Yes, were three consecutive Smears negative for AFB? *(circle one)* Yes No

5. **Based on the above information, is this individual free of communicable TB? *(circle one)*** **Yes** **No**

6. Name of licensed physician, physician's designee or local health department official completing the evaluation:

   _____ _____ _____
   Print Name Telephone Number Date

   Signature: _____

ADULT CARE CENTER OF THE NORTHERN SHENANDOAH VALLEY, INC.

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