



Magnolia Ridge

Residential Care and Assisted Living Facility

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REPORT OF TUBERCULOSIS SCREENING EVALUATION

1. Date and result of most recent Mantoux tuberculin skin test: date _____/_____/_____ mm of induration: _____
2. Check here if previously positive and above information unknown: _____
3. Check here if exhibiting TB-like symptoms: _____
4. If TB skin test is 10mm or greater (5mm in the HIV infected), previously positive, or if TB-like symptoms exist, *respond to the following*:
 - a. Date of last chest x-ray evaluation: date: _____/_____/_____
 - b. Is 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 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

Physician's Signature

Date

Print Physician's Name Legibly

Address (Street, City, State, Zip Code)

Telephone Number