

# SarahCare®

Coral Springs Adult Day Care Center

State regulations require each member to get an annual

## **TB TEST (OR) CHEST X-RAY**

Chest X-Ray cannot be more than 45 days old.

### TUBERCULIN SKIN TEST

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Date Administered: \_\_\_\_\_ Administered by: \_\_\_\_\_

Area: \_\_\_\_\_

Date Read: \_\_\_\_\_ Read by: \_\_\_\_\_

Size: \_\_\_\_\_ mm

Result:      Negative: \_\_\_\_\_      Positive: \_\_\_\_\_

If positive, please attach x-ray

results. Comments:

\_\_\_\_\_  
\_\_\_\_\_

### CHEST X-RAY

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Date of X-Ray: \_\_\_\_\_

Result: \_\_\_\_\_

Medical Facility Signature: \_\_\_\_\_