

Do not fax, retain in records.

Lab Results

| LABS | | | COMMENTS |
|--------------------------------|--|--|--|
| CBC | WNL? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Not done Hgb:_____ |
| Basic Metabolic Profile | WNL? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Not done |
| Urinalysis | WNL? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Not done |
| HIV | <input type="checkbox"/> Positive <input type="checkbox"/> Negative | | <input type="checkbox"/> Not done |
| Hepatitis B | Surface Antigen <input type="checkbox"/> Positive <input type="checkbox"/> Negative | | <input type="checkbox"/> Not done/N/A |
| | Immune <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Cholesterol | WNL? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Not done/N/A |
| UPT | <input type="checkbox"/> Positive <input type="checkbox"/> Negative | | <input type="checkbox"/> Not done/N/A |
| Blood Lead Level | WNL? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Not done/N/A _____ug/dl |
| Hepatitis C | <input type="checkbox"/> Positive <input type="checkbox"/> Negative | | <input type="checkbox"/> Not done/N/A |
| RPR | <input type="checkbox"/> Positive <input type="checkbox"/> Negative | | <input type="checkbox"/> Not done/N/A |
| Chlamydia/GC | <input type="checkbox"/> Positive <input type="checkbox"/> Negative | | <input type="checkbox"/> Not done/N/A |
| Varicella IgG | <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Equivocal | | <input type="checkbox"/> Not done/N/A |
| MMR | <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Borderline/Equivocal | | <input type="checkbox"/> Not done/N/A |

TB Screening/Testing Results

| | | |
|---|---|---|
| IGRA <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> TSpot <input type="checkbox"/> QFT Date:_____ | Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Borderline/Equivocal |
| TST <input type="checkbox"/> Yes <input type="checkbox"/> No | Date Applied:_____ Date Read:_____ | Result:_____ mm <input type="checkbox"/> Positive <input type="checkbox"/> Negative |
| Chest x-ray | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal | <input type="checkbox"/> Not done/N/A |
| Treatment | <input type="checkbox"/> Active Disease <input type="checkbox"/> LTBI <input type="checkbox"/> No Treatment | Comments: |

Place Patient label here