

IGRA TEST RESULTS

| DATE COLLECTED | TEST NAME (QFT-GIT, T-SPOT, etc) | POSITIVE | NEGATIVE | INDETERMINATE | QUANTITATIVE RESULT |
|----------------|----------------------------------|----------|----------|---------------|---------------------|
| | | | | | |

DATE TEST COMPLETED

SIGNATURE

Previously known/new positive reactors:

Chest X-ray:

(Attach a copy of the report.)

Date:

Results:

Other:

(Attach a copy of the report.)

Date:

Results:

Preventive Anti-Tuberculosis Chemotherapy ordered: No

Yes Date:

IF SIGNIFICANT REACTION WAS REPORTED, THE PRIMARY CARE PROVIDER REPORT MUST STATE THAT THE APPLICANT IS CURRENTLY FREE FROM TUBERCULOSIS DISEASE.

IV. MEDICAL CONDITIONS ()

Yes No If Yes, Explain:

- Allergies
- Asthma
- Cardiac
- Chemical Dependency
- Drugs.....
- Alcohol.....
- Diabetes Mellitus

| | | | | |
|----------------------|--|--|--|--|
| Abdomen | | | | |
| Genitourinary | | | | |
| Neuromuscular System | | | | |
| Extremities | | | | |

Are there any special medical problems or chronic diseases which require restriction of activity, medication which might affect his/her work role? If so, specify

Are there any special equipment or accommodations needed to enable this person to perform their duties? If so, specify

Physician Name (G3(m)140.96.00000912 0 62 92 reW%hBT/F1 804 Tf1 cmg