Dear Provider:

Please take this form to SHC Employee Health, or any licensed care giver who will verify that TB testing and screening has been completed, for your annual screening. If screening is done by other than SHC Employee Health, complete this form and forward it to the Employee Health Department (Room H-1250) so your record can be updated. Periodic reports will be sent to your Service Chief for review of your compliance with this TB screening requirement.

Employee Health is in Room H-1250 at Stanford Hospital (located between Radiology and the ER). TB tests are given and read from 7:00 am – 3:30 pm Monday, Tuesday, Wednesday, and Friday. TB tests are not given on Thursday, however they can be read from 7:00 am to 3:30 pm.

NAME: ______________________________________________________________________________

DATE TEST GIVEN: ______________________ DATE TEST READ: __________________________

RESULTS: ____________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

SIGNATURE: ____________________________________________