Willis Knighton
Work Kare

Name _____ Company _____

Social Security Number: _____

Willis-Knighton
Medical Center
2724 Greenwood Road
Shreveport, LA 71109
(318) 212-4750
Fax (318) 212-4545

WK Bossier
Health Center
2300 Hospital Drive
Suite 360
Bossier City, LA 71111
(318) 212-7750
Fax (318) 212-7757

WK Pierremont
Health Center
1666 E. Bert Kouns
Suite 125
Shreveport, LA 71105
(318) 212-3750
Fax (318) 212-3755

TB SKIN TEST RECORD

Have you ever had a TB Skin Test before? ☐YES ☐NO

When?_____ Result?_____

If it was positive, did you receive treatment? ☐YES ☐NO

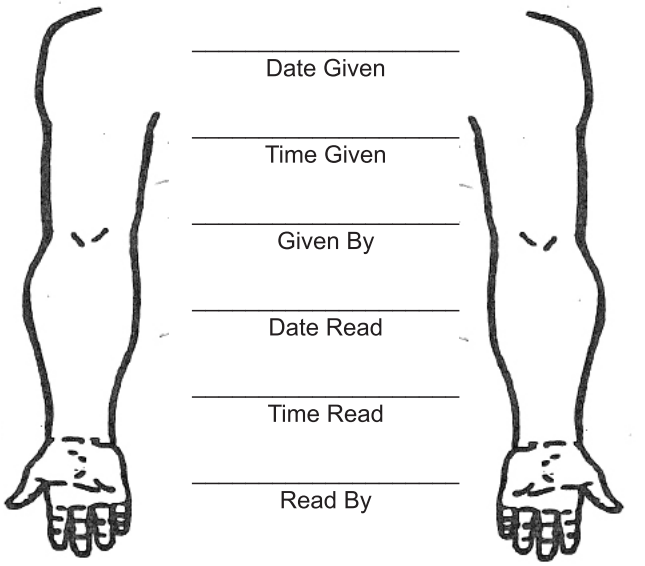
Where did you receive treatment?_____

Have you ever had a reaction to a TB Skin Test? ☐YES ☐NO

Have you ever received BCG vaccination? ☐YES ☐NO

Signature_____ Date: _____

PPD



RIGHT HAND

_____ Date Given

_____ Time Given

_____ Given By

_____ Date Read

_____ Time Read

_____ Read By

_____ Result

LEFT HAND

TB STATUS EVALUATION

Date: _____

1. Unexplained weight loss	☐YES	☐NO
2. Night Sweats	☐YES	☐NO
3. Chronic cough > 2 weeks	☐YES	☐NO
4. Chest pain	☐YES	☐NO

COMMENTS:

_____
Employee Signature Date

_____
Nurse Signature Date

TB MASK FIT/CHECK

Brand _____

Date: _____ Size: _____ Regular ____ Small

Safety Seal: ____ Y _____ N

NOTE: Employees who experience a change in facial size or shape MUST return to Work Kare for mask retest.

MUST BE READ WITHIN 48 TO 72 HOURS