

SHIELDED:

X-RAY RECORD

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

YES _____ NO _____

NAME OF PATIENT _____ ADDRESS _____

SEX _____ BIRTHDATE _____ OCCUPATION _____

NAME OF PHYSICIAN _____ ADDRESS _____

HISTORY:

TEMP _____ CHEST PAIN _____

WEIGHT _____ NIGHT SWEATS _____

COUGH _____ HEMOPTYSIS _____

FATIGUE _____ SUSPECT _____

SPUTUM _____ CASE _____

TUBERCULIN TEST _____

CONTACT _____

LAST MENSTRUAL PERIOD:

IMPRESSION:

DATE _____ TB-9 _____ NAME OF CLINICIAN _____

NCF-8245 1/29/02

SHIELDED: YES _____ Date _____ NO _____ San. Care _____ Temperature _____ Weight _____ Hemoptysis _____ Cough _____ Sputum _____ Night Sweats _____ Fatigue _____ LMP _____	IMPRESSIONS No change since last film _____ Changes as Follows: _____ _____ _____ _____ _____ Clinician _____	RECOMMENDATIONS None _____ Re-X-ray _____ Mos. Sanatorium _____ Remarks: _____ _____ _____ _____
SHIELDED: YES _____ Date _____ NO _____ San. Care _____ Temperature _____ Weight _____ Hemoptysis _____ Cough _____ Sputum _____ Night Sweats _____ Fatigue _____ LMP _____	No change since last film _____ Changes as Follows: _____ _____ _____ _____ _____ Clinician _____	None _____ Re-X-ray _____ Mos. Sanatorium _____ Remarks: _____ _____ _____ LMP: _____
SHIELDED: YES _____ Date _____ NO _____ San. Care _____ Temperature _____ Weight _____ Hemoptysis _____ Cough _____ Sputum _____ Night Sweats _____ Fatigue _____ LMP _____	No change since last film _____ Changes as Follows: _____ _____ _____ _____ _____ Clinician _____	None _____ Re-X-ray _____ Mos. Sanatorium _____ Remarks: _____ _____ _____ LMP: _____

TB-9-S

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