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**EMPLOYEE TUBERCULOSIS SCREENING**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**EMPLOYEE RELEASE:** I authorize the release of the information contained on this form to be provided to FLM Staffing in accordance with maintaining required medical employment record. I understand that this health profile required in order that I may be considered for assignment with FLM Staffing.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Tuberculosis Screening**

Date \_\_\_\_\_ By \_\_\_\_\_ Title \_\_\_\_\_

Site \_\_\_\_\_

Lot# \_\_\_\_\_ Exp \_\_\_\_\_

Mfg. by: \_\_\_\_\_

Signature: \_\_\_\_\_

**Results read at 48 - 72 hours**

Read Date: \_\_\_\_\_

Read by \_\_\_\_\_ Title \_\_\_\_\_

Induration \_\_\_\_\_ (MM)  Positive  Negative

Signature \_\_\_\_\_

Chest X-ray, if applicable (Include report) X-ray Date: \_\_\_\_\_