

Tuberculin Skin Test (Mantoux)

Employee Name:

John Gordon

Employee #:

18051406

Date and site administered:

9/20/21 1:40 pm
Date / Time

Aplisol STU 0.1 mL

27201 Exp 9/22
Lot # / Expiration Date

BFA [Signature], CMA
Site / Administered By

Date and Time Read:

9/22/21 2:00 pm
Test must be read within 48 - 72 hours after administration

*Result: (millimeters)

0 mm

Employee must return to Occupational Health for any skin test results greater than 0mm

Authorized Reader:

Cassandra Thomas, CMA
Printed Name

[Signature]
Signature

Occupational Health
Outpatient Center - Ground Floor
P 901.545.6097
F 901.545.8896

THIS FORM MUST BE RETURNED TO OCCUPATIONAL HEALTH WITHIN SEVEN DAYS AFTER READING OR YOUR TEST WILL BE CONSIDERED INVALID



Regional One Health

TB Skin Test
Form No. ROH.406 (Rev 3/19)

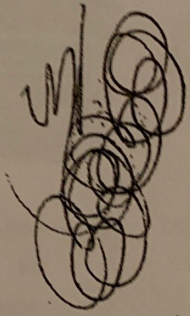
U00091887

Pat. No. 0000269169 Discharge Status OVER AGE 2
Name CONDON JOHN DOB 07/07/1961 Age 52 YR 6 mon
Recommended Imms/Next Return Date:

Immunization Name	Imm. Code	Lev. Type	Hist. Code	Imm. Date	Route Site	Prov. Code	Mfg. Lot#	Dosage N
ME, MU, KUS	MOR			04/17/12		4736		1.00
	MOR			03/08/12		4603		1.00

1/16/14 08:03:02

SHELBY COUNTY PUBLIC HEALTH DEPT.
SHELBY CROSSING CLINIC
6170 MACON ROAD
MEMPHIS, TENN. 38134
901 - 222 - 9800



12/14/2015 11:34:00 AM
TO: carla craig

FROM: LABCORP LCLS F6
Bartlett Raleigh Internal Med.

TO: 9018881148 LABCORP

LabCorp
Laboratory Corporation of America

LabCorp Birmingham
1801 First Avenue South
Birmingham, AL 35233-1935

Phone: 205-581-3500

Specimen Number 342-651-3018-0	Patient ID 40861	Control Number B0032786705	Account Number 41900865	Account Phone Number 901-371-0200	Room 00
Patient Last Name CONDON		Patient Middle Name J			
Patient First Name JOHN		Patient Phone 901-237-0906		Total Volume	
Patient SSN ***-**-2258	Age (Y/M/D) 54/05/00	Date of Birth 07/07/61	Sex M	Fasting	
Patient Address 8863 PATCHES COVE MEMPHIS TN 38133		Additional Information UPIN: E51183			
Date and Time Collected 12/07/15 17:05	Date Entered 12/08/15	Date and Time Reported 12/12/15 13:06ET	Physician Name BALDERAMA, E	NPI 1861433377	Physician ID
Tests Ordered Poliovirus Immune Status; Prostate-Specific Ag, Serum; Varicella-Zoster V Ab, IgG; Varicella-Zoster Ab, IgM					
General Comments ACC: B0032786705 PID:					

TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
Poliovirus Immune Status	Will Follow					

[REDACTED SECTION]

Varicella-Zoster V Ab, IgG	884	index	Immune >165	02
*Varicella Zoster IgG		Negative	<135	
		Equivocal	135 - 165	
		Positive	>165	
A positive result generally indicates exposure to the pathogen or administration of specific immunoglobulins, but it is not indication of active infection or stage of disease.				
Varicella-Zoster Ab, IgM	<0.91	index	0.00 - 0.90	02
		Negative	<0.91	
		Borderline	0.91 - 1.09	
		Positive	>1.09	

CONDON, JOHN J	40861	342-651-3018-0	Seq # 0569
----------------	-------	----------------	------------