Cheat sheet until information is added to SYSTOC under SCREENING FOLDER Staff member that performs service must document it in Systoc

TUBERCULOSIS Staff member that plants ppd or reads must document in the EMR that is now the medical record for visit								
0.1 CC OF 5 TU PPD administered ID on volar surface of Left forearm for 1st step PPD and Right forearm for 2 nd step PPD								
Manufacturer:		Manufacturer:						
Lot#:		Lot#:						
Expiration Date:		Expiration Date:						
STEP #1 Left volar	(indicate if otherwise placed)	STEP #2 Right vol	ar (indicate if otherwise placed)					
Given By:	Date:	Given By:	Date:					
Read By:	Date:	Read By:	Date:					
Result:	mm induration	Result:	mm induration					
*>0 mm results are to be	read by MD, NP or PA	*>0 mm results are to be	read by MD, NP, or PA					
Read By:	Date:	Read By:	Date:					
Result:	mm induration	Result:	mm induration					

AUDIOLOGY

1 st Test	.5K	1K	2K	ЗК	4K	6K	8K
RIGHT							
LEFT							
If any of above 2E have provider review audiegram prior to notional leaving office. It may need to be repeated to day or within 20 days							

If any of above 25 have provider review audiogram prior to patient leaving office. It may need to be repeated today or within 28 days

Repeat Test	.5K	1K	2K	3K	4K	6K	8K
RIGHT							
LEFT							

Hepatitis **B** Vaccine

HEP B Vaccine #	Date	Injection Site:	Manufacturer Lot #	Exp. Date:

Other Vaccines- Immunizations

Vaccine	Date	Injection	Manufacturer	
Name		Site:	Lot #	Exp. Date:

VISION	□uncorre	cted	corrected		hara #plates
	Far		Near	□ red/green/yello	w □ other
right	20/	right	20/	Pe	ripheral
left	20/	left	20/	left	degree
both	20/	both	20/	right	degree

	PATIENT FOLDER					
	Vital Signs			Allergies: Latex Medication:		
Height	Weight	Temp		Environment:		
In	lbs		F	Medications currently taking: OTC:		
B/P	Р	Resp		Prescription:		

Medical Assistant Name: ______ Above info added to Systoc on ____/ ____/