

Employee Name: _____

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: Lot#: Expiration Date:	Manufacturer: Lot#: Expiration Date:
STEP #1 <input type="checkbox"/> Left volar (indicate if otherwise placed)	STEP #2 <input type="checkbox"/> Right volar (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	3K	4K	6K	8K
RIGHT							
LEFT							

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				
<i>HEP B Vaccine #</i>	<i>Date</i>	<i>Injection Site:</i>	<i>Manufacturer Lot #</i>	<i>Exp. Date:</i>

Other Vaccines- Immunizations				
<i>Vaccine Name</i>	<i>Date</i>	<i>Injection Site:</i>	<i>Manufacturer Lot #</i>	<i>Exp. Date:</i>

VISION <input type="checkbox"/> uncorrected <input type="checkbox"/> corrected		Color <input type="checkbox"/> isihara #plates _____	
		<input type="checkbox"/> red/green/yellow <input type="checkbox"/> other	
Far		Near	
right	20/	right	20/
left	20/	left	20/
Peripheral			
both	20/	left	_____ degree
		right	_____ degree

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

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