

**Tanana Chiefs Conference
BEHAVIORAL HEALTH SERVICES**

Program:

UTAP

OMFRC

**Behavioral
Health Aide**

Other:

TB TESTING VERIFICATION

PATIENT: _____

Date of Birth: _____

The above named patient has had a tuberculin test/evaluation

Date test given: _____

Date test read: _____

Result: _____

Signature of Health Provider: _____