

## Required Bloodwork

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

Date of Birth: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Required Lab Work

1) Hepatitis-A \_\_\_\_\_ Hepatitis-B \_\_\_\_\_ Hepatitis-C \_\_\_\_\_

2) T.B. Skin Test \_\_\_\_\_ Chest X-Ray (if T.B. positive) \_\_\_\_\_

3) HIV Antibody \_\_\_\_\_ 4) Pregnant (Female) \_\_\_\_\_

5) General physical condition: Client is physically fit & able to work. If not, please list reasons.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Examining Physician

\_\_\_\_\_  
Print Name of Examining Physician

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date of Exam

**Required blood work for entry into Adult and Teen Challenge of Texas. Please complete this form, have the patient sign a release, and fax this page and results directly to campus.**