

IMPRINT OF DETAINEE ID PLATE, COMPUTER LABEL OR COMPLETE BELOW:	
1. Name: _____ (Last)	_____ (First)
2. DOB: _____	3. A # _____
4. Nationality: _____	5. Facility: _____

Receiving Facility: _____

The juvenile whose name appears above has been examined by INS Health Services and:

- Has had a physical examination that is within normal limits, and has no symptoms of tuberculosis.
- Has had a physical examination and is free from active or contagious diseases.
- A PPD has been planted and needs to be read on: _____
- A PPD has been planted on: ____/____/____ Read on: ____/____/____ Results: _____ mm
- Presents the following problem(s): _____

- The problems indicated will not interfere with his./her stay at your facility.
- He/she is taking the following medication(s):
 Drug: Acetaminophen Drug: Isoniazid 300mg/Pyridoxine 50gm
 Dose: _____ Dose: _____ Date Started: _____
 Times: _____ Times: _____
- Other Medications: _____

- He/She needs to be followed up on: _____

PROVIDER: _____

INS FACILITY: _____