E N G L E W OO D H O S P I T A L
& M E D I C A L C E N T E R
Volunteer Department
350 Engle Street Englewood NJ 07631
(P) 201-894-3066 (F) 201-894-8910

TUBERCULOSIS MEDICAL SCREENING

(Form to be completed by physician and returned to the volunteer office with application)

_____

Name

_____

Street Address **City** **State** **Zip**

_____

Phone number

Date of Test _____

Date of Reading _____

Size of Rx (mm) _____

Interpretation/Comment _____

_____

Signature of Physician _____