

THE UNIVERSITY OF TOLEDO  
 COLLEGE OF PHARMACY and PHARMACEUTICAL SCIENCES  
 3000 Arlington Avenue, MS 1013  
 Toledo, Ohio 43614  
 PH 419.383.1951/FAX 419.383.1950

**HEALTH DATA FORM  
 FOR CONTINUING PHARMD STUDENTS**

Last Name	First Name	Middle Initial	Rocket ID
Birth Date	Cell Phone		
Present Address	City	State	Zip Code
Whom To Notify In Case Of Emergency		Contact Number	

<b>PHYSICAL EXAM HAS BEEN COMPLETED AND PATIENT HAS NO RESTRICTIONS</b>	<b>DATE COMPLETED:</b>
---	----------------------------

For all TB testing, results must be shown as Positive or Negative. Choose <u>ONE</u> of the methods below.						
<u>PPD Skin Test</u>		<u>TB Quantiferon</u>		<u>T-Spot TB Test</u>		<u>Chest X-ray</u>
PPD Skin - Date Given:		Date Collected:		Date Collected:		Date Performed:
PPD Results & Date Read:	<b><u>OR</u></b>	Result:	<b><u>OR</u></b>	Result:	<b><u>OR</u></b>	Result:
If more than one year since your last TB screening, a two-step is required		Date Recorded:		Date Recorded:	<b><u>If known to be TB Positive</u></b>	If previous Chest x-ray is on file, please see us for the TB questionnaire

Physician's Name:
Address, City, State, Zip:
Physician's Signature: <span style="float: right;">Date:</span>

Please use the office stamp if available.