



General Relief for Assisted Living Care

TUBERCULIN CLEARANCE

Authority: AS 47.35.00

Client's Full Name (please print): _____

Birth Date: _____

Today's Date: _____

TUBERCULIN TEST (check one)

Positive _____

Negative _____

Date of Test: _____

CHEST XRAY (check one)

Satisfactory _____

Not Satisfactory _____

Signature of Health Official: _____ Date: _____

Printed Name of Health Official: _____

Name of Clinic/Facility: _____

Send this completed form to:
General Relief Program • Division of Senior and Disabilities Services
550 W. 8th Ave. Anchorage, Alaska 99501
fax: (907) 269-4973