

Riverside Adult Day Services

Participant Physical Examination

☐ Pre-Admission ☐ Annual

Within the 30 days prior to admission, and annually thereafter, a participant shall have a physical examination. A TB assessment shall be obtained no earlier than 30 days prior to admission. (Annual TB testing is not required for participants.) **Physicians, please complete this form in its entirety as all information on this form is required to meet Virginia Department of Social Services regulations.**

Name _____ Date of exam _____

Address _____ Date of Birth _____

City, State, Zip _____ Telephone _____

Height _____ Weight _____ Blood pressure _____

All diagnoses and significant medical problems:

ICD Codes

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Significant medical history:

General physical condition, including a systems review as is medically indicated:

Known Allergies (food, medicine, other):

Description of reaction to allergen:

_____	_____
_____	_____
_____	_____
_____	_____

1010 Old Denbigh Blvd, Newport News, VA 23602 • 757-875-2033 • 757-877-8430 fax

Riverside Adult Day Services
Participant Physical Examination

Participant Name _____

Recommendations for care including:

Medications (Rx and OTC)	Dosage	Route	Frequency of administration

Special Diet or Food Intolerances:

Therapy, treatments, or procedures participant is undergoing, or should receive, and by whom:

Restrictions or limitations on physical activities or program participation:

Does this person have the mental capacity to understand and sign legal documentation on their own? ☐ YES or ☐ NO

Is this person capable of administering their own medications without assistance? ☐ YES or ☐ NO

Is this person Ambulatory*? ☐ YES or ☐ NO

**Ambulatory means that the participant is physically and mentally capable of self-preservation by evacuating in response to an emergency to a refuge area without the assistance of another person, or from the structure itself without the assistance of another person even if the participant may require the assistance of a wheelchair, walker, cane, prosthetic device or a single verbal command to evacuate.*

Please attach most recent vaccination record to this document.

If this is a pre-admission physical exam, please attach TB screening form.

Physician Signature _____

Physician Printed Name _____

Address _____

Phone _____ Fax _____

Virginia Tuberculosis (TB) Screening and Risk Assessment Tool

For use in individuals 6 years and older

Use this tool to identify asymptomatic **individuals 6 years and older** for latent TB infection (LTBI) testing.

- The symptom screen and risk factor assessment may be conducted by a licensed healthcare provider (MD, PA, NP, RN, LPN). If a symptom or risk factor for TB is identified, further evaluation should also be performed by a licensed healthcare provider (MD, PA, NP, RN, LPN), however an RN or an LPN conducting evaluations must have an order by healthcare personnel with prescriptive authority consistent with Virginia professional practice acts for [medicine](#) and [nursing](#).
- Re-testing should only be done in persons who previously tested negative and have new risk factors since the last assessment.
- A negative Tuberculin Skin Test (TST) or Interferon Gamma Release Assay (IGRA) does not rule out active TB disease.

First screen for TB Symptoms: ☐ None (If no TB symptoms present → Continue with this tool)

☐ Cough ☐ Hemoptysis (coughing up blood) ☐ Fever ☐ Weight Loss ☐ Poor Appetite ☐ Night Sweats ☐ Fatigue

If TB symptoms present → Evaluate for active TB disease

Check appropriate risk factor boxes below.

TB infection testing is recommended if any of the risks below are checked.

If TB infection test result is positive and active TB disease is ruled out, TB infection treatment is recommended.

☐ **Birth, travel, or residence in a country with an elevated TB rate ≥ 3 months**

- Includes countries other than the United States (U.S.), Canada, Australia, New Zealand, or Western and North European countries
- IGRA is preferred over TST for non-U.S.-born persons ≥ 2 years old
- Clinicians may make individual decisions based on the information supplied during the evaluation. Individuals who have traveled to TB-endemic countries for the purpose of medical or health tourism < 3 months may be considered for further screening based on the risk estimated during the evaluation.

☐ **Medical conditions increasing risk for progression to TB disease**

Radiographic evidence of prior healed TB, low body weight (10% below ideal), silicosis, diabetes mellitus, chronic renal failure or on hemodialysis, gastrectomy, jejunioileal bypass, solid organ transplant, head and neck cancer

☐ **Immunosuppression, current or planned**

HIV infection, injection drug use, organ transplant recipient, treatment with TNF-alpha antagonist (e.g., infliximab, etanercept, others), steroids (equivalent of prednisone ≥ 15 mg/day for ≥ 1 month) or other immunosuppressive medication

☐ **Close contact to someone with infectious TB disease at any time**

☐ **None; no TB testing indicated at this time**

Patient Name _____

Date of Birth ____ / ____ / ____

Name of Person Completing Assessment _____ Signature of Person Completing Assessment _____

Title/Credentials of Person Completing Assessment _____ Assessment Date ____ / ____ / ____