

West Virginia Department of Health and Human Resources  
 Division of Tuberculosis Elimination  
 CHEST X-RAY CLINIC

COUNTY \_\_\_\_\_ RADIOLOGY TECH \_\_\_\_\_ DATE OF CLINIC \_\_\_\_\_

	NAME LAST, FIRST MI	BIRTHDATE	MALE/FEMALE	VISIT NEW/RETURN	COMMENTS
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

To be completed at the close of each Chest X-RAY Clinic and submitted to WV-DTBE. FAX # 304-558-1825.