



PHYSICIAN'S REPORT

This report must be completed and signed by a physician to indicate if adult day care services are appropriate for the person named below. Physicians should note that, as is the case with all adult day care centers, Generations Crossing Adult Day Care Center is not licensed to provide convalescent care and is NOT a medical facility.

Participants Name _____ D.O.B. _____

Address _____ Phone: _____

Date of Examination _____

1. Diagnoses and/or Significant Medical Problems

CURRENT DIAGNOSIS	YES	SPECIAL ATTENTION REQUIRED	ACTIVITY RESTRICTIONS
Alzheimer's Disease			
Anemia			
Arthritis/Gout			
Asthma			
Blindness/Vision			
Bowel/Bladder Control Problems			
Cerebral Palsy			
Depression/Emotional Illness			
Diabetes			
Diarrhea			
Dementia (not Alzheimer's)			
Emphysema, Bronchitis			
Endocrine Disorder			
Epilepsy			
Fainting Spells			
Gastro-Intestinal Problems			
Heart Trouble			
Hearing Problems			
Hepatitis			
High Blood Pressure			
Intellectually Disabled			
Kidney Disease			
Malignancy			
Psychiatric Illness			
Skin Disorders			
Speech/Swallowing			
Stroke			
Tuberculosis			
Ulcers			
Urinary Tract Problems			

A. General Physical Condition _____

B. Mental and/or emotional condition _____

C. Significant past history _____

D. Ht _____ Wt _____ BP _____

E. Any other disease or condition not mentioned on previous page; including substance abuse or behavioral concerns:

F. Will this person wander off if not closely attended? _____ Yes _____ No

G. Will this person do harm to self, others or property without constant supervision? _____ Yes _____ No

2. Special Requirements/Recommendations for Care:

*** Please complete medication list or attach a copy of medication list with MD signature on each page.**

A. Medications

Name	Dosage	Frequency	Route	Diagnosis
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B. Allergies (specify below) Description of reaction _____ ASA _____ PCN _____ Other

C. Diet _____ Regular/DAT _____ Puree Other: _____

Special Needs: _____

Food intolerances: _____

D. Therapy/Other Services Currently Receiving (Please give agency name and phone number) Needed in Day Care?

Physical Therapy _____

Speech Therapy _____

Occupational Therapy _____

In Home Care _____
(personal, nursing, home health agency, etc.)

E. Physical Restrictions/Limitations

_____ No Restrictions _____ Assistive Device _____ Poor Endurance

_____ Other (specify): _____

3. Is this person physically and mentally able to make an exit from the building in an emergency without assistance (i.e. without another person, wheelchair, walker, leg prosthesis or other device)?

_____ Yes _____ No

If assistance is needed, what type? _____

4. Is this person capable of administering his/her own medications?

_____ Yes _____ No

5. Permission given to administer acetaminophen, 500 mg, one or two tablets PO every 4-6 hrs. PRN for minor complaints? _____ Yes _____ No

6. Verification of Above Information:

MD Signature _____ Date _____

Print/Type Physician Name _____

Address _____

Phone _____

An examination or screening for Tuberculosis is to be completed within 30 days prior to admission. See Virginia TB Screening and Risk Assessment Tool.

Please Return to:

Generations Crossing 3765 Taylor Spring Lane Rockingham, VA 22801 fax (540) 434-8222

Revised 05/01/2024

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 \geq 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 \geq 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 \geq 15 mg/day for \geq 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 ____/____/____

Virginia Tuberculosis Screening and Risk Assessment User Guide

Symptoms that should trigger evaluation for active TB disease

Patients with any of the following symptoms that are otherwise unexplained should be evaluated for active TB disease: cough for more than 2-3 weeks, fevers, night sweats, poor appetite, weight loss, fatigue, and hemoptysis.

How to evaluate for active TB disease

Evaluate for active TB disease with a chest x-ray (CXR), symptom screen, and if indicated, sputum acid-fast bacilli (AFB) smears, cultures and nucleic acid amplification testing. A negative tuberculin skin test (TST) or interferon gamma release assay (IGRA) does not rule out active TB disease.

Negative test for TB infection does not rule out active TB disease

It is important to remember that a negative TST or IGRA result does not rule out active TB disease. In fact, a negative TST or IGRA in a patient with active TB disease can be a sign of extensive disease and poor outcome.

Avoid testing persons at low risk

Routine testing of low-risk populations is not recommended and may result in unnecessary evaluations and treatment because of falsely positive test results.

Prioritize persons with risks for progression

Prioritize patients with at least one of the following medical risks for progression:

- diabetes mellitus
- smoker within past 1 year
- end stage renal disease
- leukemia or lymphoma
- silicosis
- cancer of head or neck
- intestinal bypass/gastrectomy
- chronic malabsorption
- low body weight (10% below ideal)
- history of chest x-ray findings suggestive of previous or inactive TB (no prior treatment). Includes fibrosis or non-calcified nodules, but does not include solitary calcified nodule or isolated pleural thickening. In addition to LTBI testing, evaluate for active TB disease.

U.S. Preventive Services Task Force recommendations

The USPSTF has recommended testing persons born in, or former residents of, a country with an elevated tuberculosis rate and persons who live in, or have lived in, high-risk Congregate settings such as homeless shelters and correctional facilities. Because the increased risk of exposure to TB in congregate settings varies substantially by facility and local health jurisdiction, clinicians are encouraged to follow local recommendations when considering testing among persons from these congregate settings. USPSTF did not review data supporting testing among close contacts to persons with infectious TB or among persons who are immunosuppressed because these persons are recommended to be screened by public health programs or by clinical standard of care.

Virginia Department of Health recommendations

This risk assessment has been customized according to the Virginia Department of Health's (VDH) TB Program recommendations. Providers should check with local TB control programs, or the VDH TB Program at (804) 864-7906 for local recommendations.

Mandated testing and other risk factors

Several risk factors for TB that have been used to select patients for TB screening historically or in mandated programs are not included among the components of this risk assessment. This is purposeful in order to focus testing on patients at highest risk. However, certain populations may be mandated for testing by statute, regulation, or policy. This risk assessment does not supersede any mandated testing. Examples of these populations include: healthcare workers, residents or employees of correctional institutions, substance abuse treatment facilities, homeless shelters, and others.

Age as a factor

Age (among adults) is not considered in this risk assessment. However, younger adults have more years of expected life during which progression from latent infection to active TB disease could develop. Some programs or clinicians may additionally prioritize testing of younger, non-U.S.-born persons when all non-U.S.-born are not tested. An upper age limit for testing has not been established but could be appropriate depending on individual patient TB risks, comorbidities, and life expectancy.

Virginia Tuberculosis Screening and Risk Assessment User Guide

Young children

This risk assessment tool is intended for individuals ≥ 6 years old. A risk assessment tool created for use in children < 6 years old can be found on the VDH website:

<https://www.vdh.virginia.gov/tuberculosis/screening-testing/>

When to repeat a test

Re-testing should only be done in persons who previously tested negative, and have new risk factors since the last assessment. In general, this would include new close contact with an infectious TB case or new immunosuppression, but could also include foreign travel in certain circumstances.

When to repeat a risk assessment

The risk assessment should be administered at least once. Persons can be assessed for new risk factors at subsequent preventive health visits.

IGRA preference in BCG vaccinated

Because the IGRA has increased specificity for TB infection in persons vaccinated with Bacillie Calmette-Guerin vaccine (BCG), IGRA is preferred over the TST in these persons. Most persons born outside the US have been vaccinated with BCG.

Previous or inactive tuberculosis

Chest radiograph findings consistent with previous or inactive TB include fibrosis or non-calcified nodules, but do not include a solitary calcified nodule or isolated pleural thickening. Persons with a previous chest radiograph showing findings consistent with previous or inactive TB should be tested for TB infection. In addition to TB infection testing, evaluate for active TB disease.

A decision to test is a decision to treat

Emphasis on short course for treatment of TB infection

Shorter regimens for treating TB infection have been shown to be more likely to be completed and the 3-month 12-dose regimen has been shown to be as effective as 9 months of isoniazid. Use of these shorter regimens is preferred in most patients. Drug-drug interactions and contact to drug-resistant TB are typical reasons these regimens cannot be used.

Shorter duration TB infection treatment regimens

Medication	Frequency	Duration
Rifampin	Daily	4 months
Isoniazid + Rifapentine*	Weekly	12 weeks**
Isoniazid + Rifampin	Daily	3 months

*VDH recommends Directly Observed Therapy (DOT)

**11-12 doses in 16 weeks required for completion

Patient refusal of TB infection treatment

Refusal should be documented. Offers of treatment should be made at future encounters with medical services. Annual chest radiographs are not recommended in asymptomatic persons. If treatment is later accepted, TB disease should be excluded and CXR repeated if it has been > 3 months from the initial evaluation.