

**Health Record Flow Sheet**  
**LAB/IMMUNIZATIONS**

<b>TB SKIN TEST</b>	<b>DATE</b>	<b>RESULT</b>	<b>DATE</b>	<b>RESULT</b>	<b>IMMUNIZATION</b>	<b>DATE</b>	<b>DATE</b>	<b>DATE</b>	<b>DATE</b>
PPD					IPV				
PPD					Meningococcal				
PPD					MMR				
<b>IMMUNIZATION</b>	<b>DATE</b>	<b>DATE</b>	<b>DATE</b>	<b>DATE</b>	Pnuemococcal				
DT					Rhogam				
DTaP					Rubella				
DTP					Td				
DTP/Hib					Varicella				
HepB									
Hib									
Influenza									

<b>DATE</b>	<b>DATE</b>	<b>DATE</b>	<b>DATE</b>	<b>DATE</b>	<b>DATE</b>	<b>DATE</b>	<b>DATE</b>	<b>DATE</b>	<b>DATE</b>
Newborn Scr.				SCOT				VDRL/RPR	
Lead				SGPT				MhaTP	
Sickle Cell				Bilirubin				HIV	
Tot Chol.				Creatinine				Dipstick:	
HDL				Alk. Phos.				Glucose	
LDL				Rype & Rh				Leukocytes	
Triglycerides				Antib. Scr.				Nitrites	
RBS				Rubella Titer				Protein	
FBS				MMS				Micro UA	
GTT 1 hr.				Mct/Hgb				Preg. Test	
GTT 2 hr.				Hep B sAg				pap	
GTT 3 hr.				Other:				Gonococcus	
Other:				Other:				Chlamydia	
Other:				Other:				Wet Mount	
Other:				Other:				Stool Guiac	
Other:				Other:				Other:	

<b>DATE</b>	<b>DATE</b>	<b>DATE</b>	<b>DATE</b>	<b>DATE</b>	<b>DATE</b>	<b>DATE</b>	<b>DATE</b>	<b>DATE</b>	<b>DATE</b>
Wt.				Other:				Other:	
BP				Other:				Other:	

<b>DATE</b>	<b>DATE</b>	<b>DATE</b>	<b>DATE</b>	<b>DATE</b>	<b>DATE</b>	<b>DATE</b>	<b>DATE</b>	<b>DATE</b>	<b>DATE</b>
Wt.				Other:				Other:	
BP				Other:				Other:	

adhere pt. ID sticker here

CI. Name:	_____
SS#	_____
ID#	_____
DOB:	_____