APPLICATION FOR HEALTH CARD Southern Nevada Health District (please print)

Name

Last First MI

Address **Apt #**

City/State **Zip**

Telephone # **SS#**

Birth Date **Female** **Male**

Month Day Year

Please Answer All Questions ***Circle One***

1) Have you ever had **Hepatitis A** vaccine? Yes No

2) Have you ever had **TB Skin Test**? Yes No

3) Have you ever **Reacted** to any vaccine or a TB Skin Test? Yes No

4) Have you had a **TB Skin Test** in the **last 6 weeks**? Yes No

5) Have you had **contact** with anyone who has/ had **Tuberculosis**? Yes No

6) Have you ever had **Tuberculosis**? Yes No

7) Have you had a **Chest XR** in the **last 2 months**? Yes No

8) Are you **pregnant**? Yes No

9) Has a doctor advised you against any vaccine or TB skin Test? Yes No

Circle One

First Application **Renewal**

Duplicate **Reprocess**

TYPE OF HEALTH CARD (Circle all that apply)

Food handler **Adult Care**

Child Care **Other:**

Place of Employment:

FOR OFFICIAL USE ONLY

Fee **L/F** **Admn.**

Total Amount **Initials**

Cash **Visa/Mastercard**

Business Check/MO **Charge Voucher:_____**

ID #1 **ID #2**

HC# **Exp. Date**

Hep #1 **Hep #2**

TB **X-Ray**

I hereby certify that the above answers are true and correct to the best of my knowledge.

Signature Today's Date