



3850 South Loop 1604 West
San Antonio, TX 78264
Phone 210-624-2075
Fax 210-624-2215

BLOOD WORK

Name: _____ D.O.B.: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Required Lab Work

- 1) Hepatitis-A _____ Hepatitis-B _____ Hepatitis-C _____
2) T.B. Skin Test _____ Chest X-Ray (if T.B. positive) _____
3) H.I.V. Antibody _____ 4) Pregnant (Female) _____

5) General physical condition: Client is physically fit & able to work. If not, please list reasons.

Signature of Examining Physician

Print Name of Examining Physician

Address

Phone Number

Date of Exam

Required blood work for entry into Adult and Teen Challenge of Texas. Please complete this form, have the patient sign a release, and fax this page and results to: Admissions Coordinator at 210-624-2215.