



426 W. Court St.
Winnfield, LA 71483
Phone 318-209-4524
Fax 318-209-4526

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 positive) _____
- 3) H.I.V. Antibody _____
- 4) Pregnant (Female) _____

5) General Physical Examination: 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 Louisiana Adult & Teen Challenge. Please complete this form, have the patient sign a release, and **fax this page and results to**: Intake Director at 318-209-4526.