



BCG Scar Form

Healthcare Solutions Services Ltd
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Tel No: 020 8596 5067
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NAME:

DATE OF BIRTH:

HAVE YOU BEEN OUT OF THE COUNTRY IN THE LAST 5 YEARS FOR LONGER THEN A MONTH?

YES NO IF YES WHERE

ANY RAPID WEIGHT LOSS?

YES NO

HAVE YOU HAD A COUGH AND BEEN COUGHING UP BLOOD?

YES NO

HAVE YOU EXPERIENCED ANY NIGHT SWEATS?

YES NO

HAS A BCG SCAR ON THE UPPER LEFT/RIGHT DELTOID

VERIFIED BY

:

NURSE CONSULTANT:

NMC PIN NO:

CONSULTANT DOB:

DATE:

FOR OFFICE USE

Input By:

Date Input:

Tax Code Input:

Checked By: