



ABBA HOUSE

TRANSFORMS LIVES. RESTORES HOPE. REBUILDS FAMILIES.

Medical Screening Form

A complete physical must be made by a doctor including testing for HIV, STD, Hepatitis, TB Covid-19, and Pregnancy in the week before intake. **Applicants must have the Medical Screening Form completed by a doctor before admittance. E m a i l, Fax, or mail along with the other required documents. Please include the application and a 5-(or more) page life history letter. See the website admissions page for details.**

Disease/ Viruses	Results	Treated
HIV	Positive Negative	Yes No
STD	Positive Negative	Yes No
Hepatitis A	Positive Negative	Yes No
Hepatitis B	Positive Negative	Yes No
Hepatitis C	Positive Negative	Yes No
TB	Positive Negative	Yes No
Pregnancy	Positive Negative	Yes No
Covid-19	Positive Negative	Yes No

Name of Office/Clinic: _____

Physician's Signature: _____ Date: _____

Physician's Name: (please print) _____

Physician's Phone Number: _____ Fax: _____

Patient/Applicant Signature: _____ Date: _____

Abba House, Inc

2089B US Hwy 41 S. Perry, Ga. 31069 | 478-218-0043 Ext 6212 | Intake@abbahouse.com
www.Abbahouse.com