

**Pennsylvania State Police PATCH  
Invoice for Criminal Record Check**

Generated on 01/07/2014 10:00 AM

**Control #R11791944**

**Requested By**

Anna Elizabeth Provo  
69 haggery rd  
Charlton, MA 01507

**Subject**

**Subject Name:** Provo, Anna Elizabeth      **Status:** No Record  
**Race:** White      **Request Date:** 01/07/2014 09:58 AM  
**Sex:** F      **Last Update Date:** 01/07/2014 10:00 AM  
**Date of Birth:** 06/25/1991  
**Alias/Maiden Name:**

**Billing Information**

**Invoice #:** R11791944      **Authorization Code:** 6633111333902168:YYM:  
**Fee:** \$10.00      **Transaction ID:** 1333902168  
**Payment Method:** Credit Card

TUBERCULOSIS SUMMARY RECORD FOR ST. ANNE HOME

**IE:** Rono First: Anna Room # or Work Location: 02C1 14 SS/JIN NUMBER: 70 Date of Admission: 6-14-13  
BOG 125, 1991 RACE:  White Amer Ind. Or Alaskan Native  Black  Asian or Pacific Islander ETHNIC ORIGIN:  Hispanic  Non-Hispanic Employment: 177-ERN  Employee  Resident

**ELINE TESTING:** Date Given: 6/14/2013 Int: RH Date Read: 6/14/13 RESULTS: 2 MM Was Therapy Recommended:  Yes  No  
**AL SKIN TEST:** Site: Left Forearm Int: 9  
 Documented History APP. Manufacturer: JHP Pharmaceuticals  
 (Active Mantoux) Lot #: 293 232 Exp. Date: 9/2014

**SKIN TEST:** Date Given: 6/21/13 Int: 14 Date Read: 6/21/13 RESULTS: 0 MM Was Therapy Recommended:  Yes  No  
 (Approximately 1 Week) Site: Forearm  
 (Initial Test is Negative): P.P.D. Manufacturer: SKP Pharmaceuticals Lot #: 299232 Exp. Date: 11/14

Given: \_\_\_\_\_ Int: \_\_\_\_\_ Date Read: \_\_\_\_\_ Date Given: \_\_\_\_\_ Int: \_\_\_\_\_ Date Read: \_\_\_\_\_  
 Site: \_\_\_\_\_ Int: \_\_\_\_\_  
 P.P.D. Manufacturer: \_\_\_\_\_ Lot #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 Results: \_\_\_\_\_ MM

**IF ABNORMAL:** Cavitary  Non-Cavitary  Stable  Healing   
**TERIOLOGY** Microscopy Culture \_\_\_\_\_ Positive \_\_\_\_\_ Negative \_\_\_\_\_  
 Tuberculosis: Date Collected \_\_\_\_\_ Source \_\_\_\_\_

**EMOTHERAPY FOR INFECTION OR DISEASE:** Active TB  TB Infection w/o Disease   
 Recommended: \_\_\_\_\_  
 Drugs Started: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Drugs Stopped: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Reason Stopped: \_\_\_\_\_  
 Revised By: \_\_\_\_\_  
 Started, Give Reason: \_\_\_\_\_

**EVENT/COMMENT:** \_\_\_\_\_ DATE: \_\_\_\_\_  
 \_\_\_\_\_ DATE: \_\_\_\_\_  
 \_\_\_\_\_ DATE: \_\_\_\_\_

**CONSENT**

Date Given: _____ Int: _____	Date Read: _____	Date Given: _____ Int: _____	Date Read: _____	Date Given: _____ Int: _____	Date Read: _____
Site: _____	Int: _____	Site: _____	Int: _____	Site: _____	Int: _____
P.P.D. Manufacturer: _____	Results: _____ MM	P.P.D. Manufacturer: _____	Results: _____ MM	P.P.D. Manufacturer: _____	Results: _____ MM
Lot #: _____	Exp. Date _____	Lot #: _____	Exp. Date _____	Lot #: _____	Exp. Date _____

Date Given: _____ Int: _____	Date Read: _____	Date Given: _____ Int: _____	Date Read: _____	Date Given: _____ Int: _____	Date Read: _____
Site: _____	Int: _____	Site: _____	Int: _____	Site: _____	Int: _____
P.P.D. Manufacturer: _____	Results: _____ MM	P.P.D. Manufacturer: _____	Results: _____ MM	P.P.D. Manufacturer: _____	Results: _____ MM
Lot #: _____	Exp. Date _____	Lot #: _____	Exp. Date _____	Lot #: _____	Exp. Date _____

Date Given: _____ Int: _____	Date Read: _____	Date Given: _____ Int: _____	Date Read: _____	Date Given: _____ Int: _____	Date Read: _____
Site: _____	Int: _____	Site: _____	Int: _____	Site: _____	Int: _____
P.P.D. Manufacturer: _____	Results: _____ MM	P.P.D. Manufacturer: _____	Results: _____ MM	P.P.D. Manufacturer: _____	Results: _____ MM
Lot #: _____	Exp. Date _____	Lot #: _____	Exp. Date _____	Lot #: _____	Exp. Date _____

DATE: \_\_\_\_\_ Event / Comment: \_\_\_\_\_

Signature Line: RH Williams Billing RN  
as of Guardian

Signature Line: \_\_\_\_\_

Signature Line: \_\_\_\_\_

**INTRADERMAL TUBERCULIN SKIN TEST**

I, ANNA ROVO, consent to have the Intra dermal Tuberculin Skin Test. I have never had a positive tuberculin Test nor have I ever been treated for active Tuberculosis. I understand that a licensed nurse at St. Ann's Home must examine the test site within 48-72 hours after administration.

Signature of person tested  
Anna S. Rovo

If underage, Signature of Parent/Guardian

Date 6-14-13

Date \_\_\_\_\_

24 HRS.  
A DAY **ChildLine**  
FOR THE KIDS OF PA!



## PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE

ANNA E PROVO  
69 HAGGERTY ROAD  
CHARLTON MA 01507

VERIFICATION DATE: 12/06/2013

SOCIAL SECURITY #: XXX-XX-NONE

The above named person has applied for a Pennsylvania Child Abuse History Clearance pursuant to Chapter 63 of 23 Pa. Consolidated Statutes Annotated relating to the Child Protective Services Law. NO RECORD EXISTS in the Pennsylvania Department of Public Welfare's statewide Central Registry listing the applicant as a perpetrator of an Indicated or Founded report of child abuse or an Indicated or Founded report for school employees.

Applicants are required to show the Administrator the original document. Administrators are required to keep a copy of this child abuse history clearance on file. Any person altering the contents of this document may be subject to civil, criminal or administrative action.



ISSUED BY: Commonwealth of Pennsylvania  
Department of Public Welfare  
CHILDLINE AND ABUSE REGISTRY  
ChildLine Verification Unit  
P.O. Box 8170  
Harrisburg, PA 17105-8170  
(717) 783-6211

**ANY ALTERATION OR ERASURE VOIDS THIS DOCUMENT**

CIVIL APPLICANT RESPONSE

ICN E2013238000000139008      CIDN      OCA  
PROVO, ANNA ELIZABETH      W 504 1991/06/25  
MNU      SOC XXX XX 7270      SEX F  
FPC  
HENRY CLASS      API

CACOG009Z 3M COGENT      DATE FP  
PASADENA CA      2013/08/26

A SEARCH OF THE FINGERPRINTS ON THE ABOVE  
INDIVIDUAL HAS REVEALED NO PRIOR ARREST  
DATA.      CJIS DIVISION  
2013/08/26      FEDERAL BUREAU OF INVESTIGATION

3M COGENT  
639 N ROSEMEAD BLVD 1  
PASADENA, CA 91107-2147

PAE138QA08515624

Not an Official Copy -- For Applicant Use Only

*Pennsylvania Department of Education  
School Services Unit  
333 Market Street  
Harrisburg, PA 17126-0333*

Anna Elizabeth Provo  
69 Haggerty Rd  
Charlton, MA 01507

Registration ID: PAE138QA08515624

Dear Applicant,

Enclosed is the unofficial copy of the results of your federal criminal history background check, your federal Criminal History Record Information (CHRI). You requested this copy when you registered to be fingerprinted. This copy is for your use only and cannot be used as the official copy that is to be reviewed by your prospective employer.

Pennsylvania law, Act 114 of 2006, requires prospective employees of all public and private schools and their contractors, who will have contact with children, to obtain a federal background check prior to employment. The applicant must provide a report that is no more than one year old to their employer; the report must be provided in a manner prescribed by the Department of Education (PDE). PDE established an all electronic system for obtaining federal background checks, effective December 1, 2008. The new system enables Administrators of public and private schools and Teacher Training Institutions to review the official CHRI online. Under this new system, applications and results are being processed much more efficiently.

Applicants for employment to any public school or private school or their contractor (s) must include their Registration ID number with their employment application. The Administrator of the public or private school will use your Registration ID number to locate your CHRI in the secure, online system. Under Act 114 and Section 1-111 of the PA Public School Code, it is the responsibility of the Administrator to review the CHRI and make a determination as to your fitness to work in a position that places you in contact with children. If you are hired by the public school, private school or the contractor, a copy of the CHRI will be kept in the school's files. If you are approved for student teaching, a copy of your CHRI will be kept in a file at your college / university by the Teacher Training Institution Administrator. The official CHRI in the electronic system will be deleted 12 months from the date you were fingerprinted.

Information on Act 114 of 2006 and how it applies to you, including Frequently Asked Questions and Answers can be found on the Department of Education's website at: [www.pde.state.pa.us](http://www.pde.state.pa.us) . The PDE's School Services Unit oversees the process, and can be contacted at: [RA-PDE-SchoolServices@state.pa.us](mailto:RA-PDE-SchoolServices@state.pa.us) .

Not an Official Copy -- For Applicant Use Only

PAE138QA08515624