



Tuberculosis Screen

Staff Member to complete the top half of page and sign.

Name: _____ Department: _____

DOB: _____ Staff ID: _____ Phone number: _____ Ext: _____

Email Address: _____

Staff's Supervisor: _____ Email: _____

Reason for screening (check all that apply)

- New hire
- Staff member with a history of TB
- Staff member with a history of TB Skin Test, T-SPOT or Quantiferon Blood Test
- Staff member with a history of TB symptoms
- Staff member with a history of TB symptoms more than 3 weeks

Employee Health Only
I have a history of a positive TB Skin Test, T-SPOT or Quantiferon Blood Test (Circle one):

I have a history of a positive TB Skin Test, T-SPOT or Quantiferon Blood Test (Circle one):
Yes No

All staff must answer the following questions EVERY year.

- 1. Have you ever had a TB test? Yes No
- 2. Have you ever had a TB test in the last 12 months? Yes No
- 3. Have you ever had a TB test in the last 12 months? Yes No

Do you have any TB symptoms (more than 3 weeks)?

- 4. Coughing or sneezing more than 3 weeks? Yes No
- 5. Shortness of breath or chest pain? Yes No
- 6. Unexplained weight loss or loss of appetite? Yes No
- 7. Night sweats or fever? Yes No

Staff member's signature: _____ Date: _____

Employee Health Only

TB Skin Test (annual) Yes No

I have a history of a positive TB Skin Test, T-SPOT or Quantiferon Blood Test (Circle one):

Yes No

Signature: _____

New Hire Step #2A

TB Skin Test Yes No

I have a history of a positive TB Skin Test, T-SPOT or Quantiferon Blood Test (Circle one):

Yes No

Signature: _____

Quantiferon Blood Draw Yes No

Chest X-Ray Yes No

Signature: _____ Date: _____