

## HealthPoint – Employee Health Tb Assessment

Employee Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Tuberculosis Screening Questionnaire:**  New Hire  Annual

### Signs & Symptoms Screening

Do you have any of the following symptoms (longer than 3 weeks):

Chronic abdominal pain	<input type="checkbox"/> yes	<input type="checkbox"/> no
Weight loss	<input type="checkbox"/> yes	<input type="checkbox"/> no
Fever and/or chills	<input type="checkbox"/> yes	<input type="checkbox"/> no
Night sweats	<input type="checkbox"/> yes	<input type="checkbox"/> no
Loss of appetite	<input type="checkbox"/> yes	<input type="checkbox"/> no
Prolonged cough	<input type="checkbox"/> yes	<input type="checkbox"/> no
Bloody sputum	<input type="checkbox"/> yes	<input type="checkbox"/> no
Breathing difficulty	<input type="checkbox"/> yes	<input type="checkbox"/> no
Chest pain	<input type="checkbox"/> yes	<input type="checkbox"/> no

### Tuberculosis Skin Testing Status

- Have you had a TB skin test in the last year? (if greater than 4 weeks, we will repeat testing)  
 Yes – Date: \_\_\_\_\_ (Report must be provided)  No
- Do you have a history of a Positive TB skin test?  
 Yes  No
- If you had a positive TB skin test, did you have a Negative Quantiferon in the last month?  
 Yes (Report must be provided)  No  NA
- If you had a positive TB skin test, did you have a Chest Xray? (Report must be provided)  
 No  Yes
- Have you ever received medical treatment for Tuberculosis (or a positive TB test)?  
 Yes Date: \_\_\_\_\_  No

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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### Plan:

- Tb Skin Test as employee is a new hire
- Quantiferon lab test as employee has:  History of positive PPD or  Refuses Tb skin test
- No action needed as negative chest xray report provided (Date of CXR: \_\_\_\_\_, findings \_\_\_\_\_)
- Chest xray to be performed within one week of employee notification of requirement.
- No action needed as annual review and employee without symptoms

**Comment:** \_\_\_\_\_

**RN Clinical Review:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## HealthPoint – Employee Health Tb Assessment

### TB Screening Test

Date PPD Placed:	Nurse/MA:
Lot #	Exp. Date:
Date PPD Read:	Nurse/MA:
PPD reading: _____mm	

Quantiferon lab test – for those with history of positive PPD or who decline the PPD testing

Date Quantiferon drawn:	Result:
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### In Case of Positive PPD

If reading is 10mm or greater, employee needs CXR or Quantiferon lab, then possibly a referral to Health Dept.

Date of Quantiferon Lab test: \_\_\_\_\_  
Quantiferon lab test result: \_\_\_\_\_  
Date of Chest Xray: \_\_\_\_\_  
Chest xray result: \_\_\_\_\_

\*Employee will also provide proof of consult with Health Department.

**RN Clinical Review:** \_\_\_\_\_ **Date:** \_\_\_\_\_