

Health Services Tuberculosis Screening, Hepatitis B Consent/Declination Form

This form must be brought to the Employee Health Nurse at HealthPoint Bryan College Station at 3370 South Texas Avenue, Suite B, Bryan.

Employee _____ DOB _____ Phone Number _____

Agency _____ Supervisor _____

Tuberculosis Screening: Have you ever had a positive PPD skin test in the past? Yes No

If "no" – administer PPD skin test

If "yes" proceed with the following questions:

Date of positive PPD: _____ CXR: Pos. Neg. Date of treatment (if any) _____

Do you currently have any of the following symptoms?

Chronic abdominal pain Yes No

Weight loss Yes No

Chronic low fever Yes No

Night sweats Yes No

Prolonged cough Yes No

Bloody sputum Yes No

Breathing difficulty Yes No

Chest pain Yes No

Informed Consent/Declination for Hepatitis B vaccination/Titer: I have been given information and have had an opportunity to ask questions and I understand the benefits and risks of Hepatitis B vaccination. I understand that I must have three doses of the vaccine to confer immunity. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B virus infection. If I desire, I may receive the vaccine at a later date. Also, I have been informed that I may have a titer drawn if I desire; both the vaccine and the titer are provided at no cost to me.

I request the vaccine

I decline the vaccine

Employee Signature

Date

Witness Signature

Date

I request the titer

I decline the titer

Employee Signature

Date

Physician Signature

Date