



Vital Care Health Systems

Where Caring Comes From The Heart

ANNUAL TB QUESTIONNAIRE

Title 22 of the California Administrative Code or Regulations Related to the operation of health facilities require testing of employees for tuberculosis. People with a known significant reaction to tuberculosis skin testing procedures do not need to have an annual chest X-ray but must report promptly to Vital Care Health Systems suggesting tuberculosis.

Chest X-rays are not required as an annual follow up for positive skin test. Employee Health Services requires the questionnaire below to be completed, signed, and returned to the office annually.

IF YOU HAVE PREVIOUSLY TESTED POSITIVE, COMPLETE THE QUESTIONNAIRE:

Please indicate if you are having any of the following problems for three to four weeks or longer:

Chronic Cough (greater than 3 weeks)	YES	NO
Production of Sputum	YES	NO
Blood-Streaked Sputum	YES	NO
Unexplained Weight Loss or Anorexia	YES	NO
Fever	YES	NO
Fatigue/Tiredness	YES	NO
Night Sweats	YES	NO
Shortness of Breath	YES	NO
Recurring dull aching pain / tightness in the chest	YES	NO

If at any time you have symptoms of tuberculosis, i.e., those listed above, please report this immediately to the office.

TB skin testing will be provided to all medical staff at no charge at the Vital Care Health Systems office.

EMPLOYEE NAME

EMPLOYEE SIGNATURE

DATE