

Employee Health Assessment Form

Name: _____

Dept: _____

Assessment for Tuberculosis (TB)

- | | | |
|--|---|------|
| 1. Have you had a positive TB skin test (Mantoux PPD) in the past? | Y | N |
| 2. Have you ever been treated for TB? | Y | N |
| 3. Have you had sputum for TB in the past? | Y | N |
| If answered Yes: What year was the sputum for TB? _____ Was the sputum positive for TB? | Y | N |
| 4. If you have had a current Chest X-ray, was it considered negative for active chest disease? | Y | N NA |
| 5. Have you had a known exposure to TB or suspected TB patient in the past 24 months? | Y | N |
| 6. Have you had an exposure to medically underserved (i.e.: homeless, foreign born, immunocompromised individuals)? | Y | N |
| 7. Do you have a medical condition or are you receiving medical treatment that may lead to an immunocompromised state? | Y | N |
| 8. Have you had any of the following signs/symptoms of TB in the past 12 months? | | |
| a. Persistent cough (2 weeks duration) | Y | N |
| b. Blood sputum | Y | N |
| c. Night sweats | Y | N |
| d. Unexplained weight loss | Y | N |
| e. Anorexia | Y | N |
| f. Fever | Y | N |

Health Assessment

- | | | |
|--|---|---|
| Have you had any medical problems in the past year? | Y | N |
| Explain if Yes: _____ | | |
| Have you had any surgeries in the past year? | Y | N |
| Explain if Yes: _____ | | |
| List any Infectious diseases in the past year: _____ | | |
| _____ | | |
| List any Immunizations in the past year: _____ | | |
| Do you have any NEW allergies in the past year? _____ | | |

I certify, to the best of my knowledge and belief, the above statements are true and correct.

Employee Signature: _____

Date: _____

Reviewed by Employee Health Nurse _____

Date: _____