Shore Staffing Tuberculosis Screening Questionnaire

_____ _____
Name Date

Positive TB skin test (PPD) Date: _____Last Chest X-Ray Date: _____

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

1.	Chronic Cough (greater than 3 weeks)	Yes _____	No _____
2.	Production of Sputum	Yes _____	No _____
3.	Blood-Streaked Sputum	Yes _____	No _____
4.	Unexplained Weight Loss	Yes _____	No _____
5.	Fever	Yes _____	No _____
6.	Fatigue/Tiredness	Yes _____	No _____
7.	Night Sweats	Yes _____	No _____
8.	Shortness of Breath	Yes _____	No _____

NO EVIDENCE OF PULMONARY TUBERCULOSIS OR CONTAGIUM. Yes _____ No _____

_____ _____
Date Agency Employee Signature

_____ _____
Date Physician/C.R.N.P./P.A. Signature

SHORE STAFFING MEDICAL QUESTIONNAIRE

Have you ever suffered from or experienced any of the following conditions or problems? CIRCLE ONE

1.	Disorder of eyes, ears, or throat?	Yes	No
2.	Fainting, convulsions, paralysis, stroke, psychiatric or neurological disorder?	Yes	No
3.	Allergies, emphysema, bronchitis, asthma or any other disorder of the lungs?	Yes	No
4.	Heart or circulatory condition, high blood pressure or persistent chest pain?	Yes	No
5.	Gastrointestinal, liver or gall bladder disorder?	Yes	No
6.	Diabetes, thyroid or any other endocrine disorder?	Yes	No
7.	Anemia or any other disease, which affects your blood or immune system?	Yes	No
8.	Skin disorders, cyst, tumor or problem with your lymph glands?	Yes	No
9.	Surgical operations within the last 10 years?	Yes	No
10.	Exposure to tuberculosis, hepatitis, or any other contagious disease?	Yes	No
11.	Smoked or used any tobacco product in the last year?	Yes	No
12.	Filed a worker's compensation claim?	Yes	No
13.	Arthritis, back pain, gout or any disorder of the kidney, bladder, prostrate or reproductive organs?	Yes	No
14.	Venereal disease or any other disorder of the kidney, bladder, prostrate or reproductive organs?	Yes	No
15.	Use of heroin, cocaine, hallucinogens, tranquilizers, barbiturates, amphetamines or other narcotics which were not prescribed by a duly licensed physician?	Yes	No
16.	Treatment, advice or counseling from physician or practitioner related to mental illness or use of drugs or alcohol?	Yes	No
17.	Any condition or limitation (bending, carrying, etc) which restrict you from performing any requirements of the job?	Yes	No
18.	Any preferences we should take into consideration on assignment (i.e. patient diagnosis, location, environment, etc)?	Yes	No
19.	Are you currently under the care of a physician, chiropractor, or any other helping professional?	Yes	No

Please explain all "YES" responses below: _____

SIGNATURE: _____ Date:_____

Shore Staffing 9/21/2018