



11709 Fruehauf Dr. Suite 117, Charlotte, NC 28273 ~ Phone 800-536-3001 Fax 866-249-1839
Email ihs@Independenthealthcarestaffing.com ~ www.independenthealthcarestaffing.com

Independent Healthcare Staffing, Inc

~Of Nurses, For Nurses, By Nurses~

Tuberculosis Screening & Questionnaire

(Rev 1) 3/5/08

Tuberculosis Placement

Employee's Name

Date Placed _____ Signature of Healthcare provider who place TB _____

Date Read _____ Signature of Healthcare provider who read TB _____

Results _____

Chest X-ray

Employee's Name

Date of positive PPD: ____/____/____

Date of Chest x-ray ____/____/____

TB Screening Questionnaire

Any employee who submits a chest x-ray as proof of their Tuberculosis screening (due to a prior positive reaction or MSG exposure) must complete the following questionnaire **on an annual basis.** Please complete and submit the information below along with the documentation of the most recent chest x-ray lab results.

- | | | | | | |
|--------------------------|--------------------------|------------------------------|--------------------------|--------------------------|-----------------------------|
| Y | N | | Y | N | |
| <input type="checkbox"/> | <input type="checkbox"/> | Chronic Cough | <input type="checkbox"/> | <input type="checkbox"/> | Unexplained Weight loss |
| <input type="checkbox"/> | <input type="checkbox"/> | Unexplained productive cough | <input type="checkbox"/> | <input type="checkbox"/> | Unexplained Fever |
| <input type="checkbox"/> | <input type="checkbox"/> | Production of Sputum | <input type="checkbox"/> | <input type="checkbox"/> | Chest Pains |
| <input type="checkbox"/> | <input type="checkbox"/> | Blood-Streaked Sputum | <input type="checkbox"/> | <input type="checkbox"/> | Increased fatigue/tiredness |
| <input type="checkbox"/> | <input type="checkbox"/> | Unexplained appetite loss | <input type="checkbox"/> | <input type="checkbox"/> | Persistent night Sweats |
| <input type="checkbox"/> | <input type="checkbox"/> | Shortness of Breath | | | |

Employee's Signature _____

Date _____