



Tuberculosis Screen

Staff Member to complete the top half of page and sign.

Name: Department:

DOB: Staff ID: Phone number: Ext:

Email Address:

Staff's Supervisor: Email:

Reason for screening (check all that apply)

- Reasons for screening: New hire, TB exposure, etc.

Employee Health Only

I have a history of a positive TB Skin Test, T-SPOT or Quantiferon Blood Test (Circle one):

All staff must answer the following questions EVERY year:

- Questions about TB symptoms: cough, weight loss, etc.

More than 3 weeks TB symptoms

- Questions about TB symptoms: cough, weight loss, etc.

Staff member's signature: Date:

Employee Health Only

TB Skin Test (annual)

Questions about TB symptoms

Questions about TB symptoms

Signature line

New Hire Step #2A

TB Skin Test

Questions about TB symptoms

Questions about TB symptoms

Signature line

Quantiferon Blood Draw

Chest X-Ray

Signature and date lines