THERAPIA STAFFING

Tuberculosis Assessment

Section A — Tuberculosis Assessment — *To be completed by Traveler*

Have you had a Positive TB Exposure or Positive TB Skin Test History? ☐ **YES** ☐ **NO**
(If YES, documentation is required)

If you answered "yes" to the question above, please check any symptoms listed below that you are currently experiencing (must check at least one box):

- ☐ Persistent cough for more than two weeks
- ☐ Anorexia (loss of appetite)
- ☐ Unexplained weight loss
- ☐ Production of sputum
- ☐ None of the above
- ☐ Night sweats
- ☐ Fever
- ☐ Bloody sputum
- ☐ Shortness of breath

____________________ ____________________________ ________________
CLIENT NAME CLIENT SIGNATURE DATE

Section B — Tuberculosis Screening — *Please attach all lab results/Immunization records*

The following tests have been performed in my office/facility and under my supervision by medical personnel with training to place and read a PPD/skin test.

PPD/SKIN TEST

Date Placed ______________

Placed By: ____________________ ____________________
NAME SIGNATURE

____
TITLE

Office/Facility Name: ______________________________
Address:______________________________________
Telephone #: __________________________________

Date Read ________________

Interpreted By: ____________________ ____________________
NAME SIGNATURE

____
TITLE

Office/Facility Name: ______________________________
Address:______________________________________
Telephone #: __________________________________

RESULTS ☐ **Induration ______mm** ☐ **Negative** ☐ **Positive**
OR
BCG Immunization **Date: ______________**
OR
QuantiFERON-TB-Gold **Date: ______________**

Section C — Tuberculosis History

Complete Section C ONLY if there is a history of positive TB exposure. **Please provide most recent Chest X-Ray radiology report.**

☐ Positive Skin Test (Documentation required) Date: ________________
Have you been treated with TB medication? ☐ YES ☐ NO
Treatment: ☐ **INH** ☐ **Other** ______________________________
Chest X-Ray impression relative to positive PPD: ☐ Negative ☐ Positive Date: ______________