



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 \_\_\_\_\_