

Tuberculosis Risk Assessment Questionnaire
The Counseling Source (TCS) and The Rehab Continuum (TRC)

Name _____ Social Security # _____
(Please Print Clearly)

These questions are being used to screen for symptoms of active Tuberculosis (TB) in people who have had a previously positive TB test and negative chest x-ray or unable to have a TB test done for other medical reasons. This form must be completed on an annual basis if the employee will not be having a TB test.

Reason for not having TB test done: _____

Doctor's name: _____

*** Please attach Doctor's note with brief description of why TB test should not be completed, along with Doctor's signature.**

Employee Signature _____ Date _____

COMPLETE THE FOLLOWING ONLY IF YOU HAVE HAD A POSITIVE TB TEST:

Please complete the following questions by circling yes or no.

Have you experienced any of the following symptoms of TB over the last year:

Frequent cough (with blood) lasting for over 2 weeks? Yes No

Fatigue (extremely tired)? Yes No

Night sweats? Yes

No

Unexplained weight loss? Yes No

Fever of unknown reason? Yes No

If you answered "Yes" to any of the questions above, you need to call your Healthcare Provider before returning to work. You have symptoms of active TB, which is a highly contagious and potentially fatal disease. You need to call and schedule your appointment with a Healthcare Practitioner immediately; you will need a chest x-ray to verify your TB status. You will not be allowed to return to work until you have submitted a copy of a negative chest x-ray within the last 2 years to Human Resources.

If you answered "No" to any of the questions above, you need to submit this form to Human Resources.

Please review the symptoms listed above, they are the symptoms of active TB. Active TB is a highly contagious and potentially fatal disease. If you should experience any of the symptoms above, you need to call your Healthcare Provider immediately.

Your signature below indicates you have completed this form honestly and understand the symptoms of active TB listed above, the severity of the disease, and the actions to take if you experience these symptoms.

Employee Signature _____ Date _____