

TB EXPOSURE AFFIDAVIT ANNUAL REVIEW

I understand and agree that it is my duty to disclose promptly either to my supervisor or to the Executive Director, if I have had any known or suspected exposure to TB. I acknowledge that my duty to make such prompt disclosure is part of my responsibility as a Counseling Source Inc. associate. I understand that I will be required to complete a TB skin test if exposure to known or suspected TB is reported, and I will follow all subsequent recommendations made based on the results of the skin test, which may include a referral to my physician and completion of a chest x-ray.

During the past year,

- () I have not become aware of any known or suspected exposure to TB.
- () I have become aware of known or suspected exposure to TB.

Employee Name (Please Print)

Employee Signature

Date