



Tuberculosis Screening Record

Annual tuberculosis screening is performed on all active field employees. According to our records you have a history of a previous positive PPD. Therefore you must complete the questionnaire below to satisfy the annual TB screening requirement.

This questionnaire is to be completed and returned to the office within one week. To provide you with the utmost confidentiality DO NOT return by FAX.

Date of Last Chest X-Ray _____

I am aware that should I be diagnosed with diseases associated with immunologic deficiencies or those require treatment by immunosuppressive therapy my risk factor for acquiring active TB may be increased,

Have you ever experienced the following Signs or Symptoms during the past year?

Productive Cough for 3 weeks or longer	YES	NO
Night Sweats	YES	NO
Unexplained Tiredness or Fatigue	YES	NO
Unplanned Weight Loss	YES	NO
Fever Lasting Several Weeks	YES	NO
Coughing Up Blood or Streaked Sputum	YES	NO
Pain in Chest When Breathing or Coughing	YES	NO
Is There Anyone in Your Family That Has Had T.B in The Past Year?	YES	NO
If You Checked YES to ANY of the Above Questions Are You Currently Being Treated By a Physician?	YES	NO

- I have read and completed the “Signs and Symptoms for Tuberculosis” screening questions above. My answers are true to the best of my knowledge
- If there are any changes in my health status related to TB signs and symptoms, I will report them to PearlCare Medical Staffing without delay. I realize that I must have clearance from my physician to return to work if I experience above signs/symptoms of active TB.

Print Name

Signature

Date