

# 24/7 STAFFING SOLUTIONS

## TUBERCULOSIS QUESTIONNAIRE

This TB Questionnaire is a 24/7 Staffing Solutions ANNUAL EMPLOYMENT REQUIREMENT and a method to monitor infection control and reportable diseases. The incidence of Tuberculosis (TB) and drug resistant strains is an increasing occurrence in the United States. You are informed that a client facility/specific state can mandate a 2-step Mantoux Tuberculin Skin Test as a specific requirement.

<b>HEALTH HISTORY</b>		
1.	Are you currently pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you received any vaccines in the last six weeks? (i.e. mumps, measles, rubella)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Have you had a recent viral, fungal, or bacterial infection within the last month?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you been treated with steroids, corticosteroids or immunosuppressive agents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Have you had pneumonia or bronchitis in the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Are you experiencing a productive, prolonged cough?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Are you experiencing chest pain?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Are you experiencing hemoptysis (coughing up blood)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Are you experiencing a fever that persists?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Are you experiencing chills that recur?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Are you experiencing night sweats?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Are you experiencing fatigue - easily and ongoing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Are you experiencing an unexplained loss of appetite?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Are you experiencing an unexplained weight loss?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Have you ever had any lung disease(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Have you ever been exposed to TB?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	Has anyone in your household been diagnosed with TB?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.	Have you ever been diagnosed with TB?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.	Have you ever received the BCG immunization against tuberculosis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20.	<b>Had a PPD tuberculin skin test within the last 12-months?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
21.	If you had a tuberculin skin test (PPD), was the result positive?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22.	If tuberculin skin test (PPD) results were positive, did you receive treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23.	Had a 2-step Mantoux tuberculin skin test within 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24.	Have you had a chest x-ray within the past <input type="checkbox"/> one (1) year	<input type="checkbox"/> Yes <input type="checkbox"/> No
25.	Have you had a chest x-ray within the past <input type="checkbox"/> four (4) years	<input type="checkbox"/> Yes <input type="checkbox"/> No
26.	Have you traveled to Mexico, Far East or any other country where TB rates are high?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27.	Have you lived in another country, other than the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If YES to any of the above questions, please provide date, location and explanation.

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EMPLOYEE INFORMATION

24/7 Staffing Solutions Representative

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Unless contraindicated, a purified protein derivative (PPD) of the tubercle bacillus is injected intradermally. Immuno-suppressed individuals or other health conditions may cause a TB skin test to be negative when a TB infection is present. Interpretation of a result and varied induration of x mm is based on risk groups or factors.