



TB SCREENING

(INSTRUCTIONS: Double click the appropriate Yes or No box and click "checked")

- 1. Have you had recent contact with someone who has tuberculosis?
2. Has anyone living with you had tuberculosis?
3. Have you had a positive TB skin test?

If yes explain

- 4. Have you had a chest x-ray that was abnormal?

If yes, when

- 5. Are you taking any medication that might affect your immune system?
6. Do you have any type of chronic disease?
7. Have you had any of the following symptoms?
Weight loss
Extremely tired or fatigued
Short of breath
Night sweats
Productive cough
Bringing up blood when you cough
Chest pain or pain around ribs
Unexplained fevers
Loss of appetite

If you answered yes to any of the above in question #7 please explain:

Signature: Date:

CONSENT TO TUBERCULIN SKIN TEST

I, acknowledge that I have no history of positive PPD Mantoux test and consent to have a tuberculin skin test.

I understand that in highly sensitive individuals, strong positive reactions including vesiculation, ulceration, or necrosis may occur at the test site.

I release Medical Staffing Solutions, LLC and its employees for all liability in connection with the administration and interpretation of this test.

Any known allergies? Yes No

If yes, list

Signature: Date:

Date Given ml in arm

Administering Nurse Signature

Date Read mm

Nurse Reading Signature