Tuberculosis [TB] Screening Questionnaire and Quantiferon Lab Charting

❑ Contractor ❑Volunteer ❑Provider ❑Other _____

LAST NAME: _____ FIRST NAME: _____ MIDDLE: _____

Please use black ink

DEPARTMENT: _____ LOCATION: _____ PHONE: _____ DOB: ____/____/_____

PLEASE ANSWER QUESTIONS BELOW

	Yes	No
1. Have you ever had a history of a positive TB Test? ❑ Positive TB skin test ❑ Positive TB blood test Date of positive test: _____ Date of last chest x-ray: _____	❑	❑
2. If you responded, "yes" to Question 1, were you treated with INH?	❑	❑

3. In the past year, have you been bothered by any of the following <u>for more than 3 weeks at a time?</u>

	Yes	No		Yes	No
Persistent cough	❑	❑	Excessive fatigue / weakness	❑	❑
Coughing up blood or sputum	❑	❑	Loss of appetite	❑	❑
Shortness of breath	❑	❑	Hoarseness	❑	❑
General discomfort / illness (malaise)	❑	❑	Fever, chills, night sweats	❑	❑
Unintended / excessive weight loss	❑	❑	Chest pain	❑	❑

I acknowledge that the answers above are true. If a Quantiferon blood draw is needed, the lab results will become part of my personal electronic medical record and Employee Health will retrieve these lab results for my Employee Health medical record.

Healthcare Worker's Signature X _____ **Date** X _____

Please return this completed form to your local Employee Health division.

Mills Peninsula Medical Center/PAMF MPD Email to: mphs.employeehealth@sutterhealth.org or fax: 650-696-5160.	**PAMF/SMSC/Menlo Park Surgical Hospital** Alameda: AlamedaEH@pamf.org or fax 510-498-2818. Camino: CaminoEH@pamf.org or fax 408-523-3729. Palo Alto/MPSH/San Carlos: pamfemployeehealth@pamf.org, fax 650-853-2022. Santa Cruz/SMSC: SantaCruzEH@sutterhealth.org or fax 831-462-7196.

Employee Health Screening Clinician Only

QuantiFERON Gold Test, Initial:	Date_____	□ Pos	□ Neg	□ Indeterminate
QuantiFERON Gold Test, Repeat:	Date_____	□ Pos	□ Neg	
Chest X-ray	Date:_____	□ Pos	□ Neg	
TB Screening Questionnaire		□ Pos	□ Neg	

<u>Cleared To Work</u>
Date: _____ Clinician Signature _____

<u>Recorded</u>
Date: _____ Initials _____