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SUPPLEMENTAL STAFFING RESOURCE



Critical Options, Inc. has been awarded
 Health Care Staffing Services Certification
 by The Joint Commission

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 "Our Partner Company"

ANNUAL TB SCREENING QUESTIONNAIRE

This form is intended to be used for all employees and independent contractors, regardless of a negative skin test.

	YES	NO	
Have you EVER had a positive TB skin test? (If "No," stop here; if "Yes", please complete the rest of this form.)	<input type="checkbox"/>	<input type="checkbox"/>	
In the past 12 months, have you had any of the following symptoms:	YES	NO	Don't Know
A persistent productive cough for 3+ weeks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coughing up Blood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unexplained, excessive fatigue?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unexplained, excessive sweating at Night?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unexplained, recurrent fevers lasting more than three weeks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unexplained, weight loss?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hoarseness lasting three weeks or more?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been told by a Doctor or other health care provider that you had active TB?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been told by a Doctor or other health care provider that your immune system is not working right or that you cannot fight infection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you had pneumonia in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever lived with or had close contact with someone who has/had active tuberculosis disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been told that you have an abnormal chest x-ray?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever worked where patients with active tuberculosis disease receive care or services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever worked, volunteered, or lived in any institution such as a jail, group home, or homeless shelter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever traveled outside the United States? If Yes, identify city, country and approximate year. _____	<input type="checkbox"/>	<input type="checkbox"/>	
Were you born in the United States? If No, identify country you were born in. _____	<input type="checkbox"/>	<input type="checkbox"/>	

Should any of these symptoms develop during the year, please notify your supervisor and alert your regular physician of your positive skin test.

Name _____
 (Please Print)

Signed _____ Date _____
 (Employee Signature)