



EMPLOYEE HEALTH SCREENING

☐ TB Skin Test      ☑ TB Questionnaire      ☐ Annual Health Review      ☐ Exposure

Print Full Legal Name      Date of Birth      Employee ID Number      Department      Cell Ph: \_\_\_\_\_
Work Ph: \_\_\_\_\_
☐ HPH      ☐ PMMC      ☐ KMCWC      ☐ Straub      ☐ KMC      ☐ Wilcox      Site: \_\_\_\_\_

1. Have you ever had a positive (reactive) skin test? If yes, date: \_\_\_\_\_ size in mm: \_\_\_\_\_ ☐ Yes ☐ No
2. Have you ever received INH (Isoniazid), a medication given for a positive skin test? ☐ Yes ☐ No
3. Have you ever received a BCG, a childhood TB vaccine used in foreign countries? ☐ Yes ☐ No
4. In the past 6 weeks have you taken cortisone/steroid pills or injections? ☐ Yes ☐ No
5. Have you had a live vaccine (i.e. measles or chickenpox) in the past 2 months? ☐ Yes ☐ No
6. Are you currently experiencing: a. cough lasting longer than 3 weeks?\* ☐ Yes ☐ No
b. fever?\* ☐ Yes ☐ No
c. night sweats (unrelated to weather or menopause)?\* ☐ Yes ☐ No
d. coughing/spitting blood?\* ☐ Yes ☐ No
e. unexplained fatigue?\* ☐ Yes ☐ No
f. unexplained weight loss of more than 10lbs in last 2 months?\* ☐ Yes ☐ No
\* If you develop any of these symptoms (6a - 6f), contact Employee Health as soon as possible.

For questions 6a) - 6f) please explain all YES answers here:

7. Any infectious or communicable disease since your last exam? Please explain. (i.e. herpes, chickenpox, conjunctivitis, skin infection, diarrhea) ☐ Yes ☐ No
8. Any chronic disease (i.e. diabetes, chronic infections, kidney problems or any disease) that affects your immune system? Please list. \_\_\_\_\_ ☐ Yes ☐ No
9. Do you have direct face-to-face patient contact? If yes, please answer the following questions: ☐ Yes ☐ No
a. Were you PREVIOUSLY fit tested for use of a TB respirator? ☐ Yes ☐ No
b. Any physical changes in your facial /dental structure that may alter or affect the seal to properly fit a TB respirator? ☐ Yes ☐ No
c. Any changes in your health (e.g. heart or lung problems) or work place conditions (E.g. physical work effort) that may affect your ability to use the TB respirator? ☐ Yes ☐ No

Please fax the completed form to your facility's Employee Health office
Contact information is listed below or on the back of this form

I acknowledge that I have read the above and that all my responses are true and accurate.

Signature \_\_\_\_\_

Date \_\_\_\_\_

THIS SECTION TO BE COMPLETED BY HEALTH CARE PROVIDER

Date Given: \_\_\_\_\_ Site: \_\_\_\_\_ L R forearm Name of Facility: \_\_\_\_\_
By (print name): TB QUESTIONNAIRE
Lot No: \_\_\_\_\_ Exp. Date \_\_\_\_\_ Signature: \_\_\_\_\_
Date Read: \_\_\_\_\_ ☐ Negative \_\_\_\_\_ mm Induration Name of Facility: \_\_\_\_\_
☐ Positive \_\_\_\_\_ mm Erythema By (print name): TB QUESTIONNAIRE
Signature: \_\_\_\_\_

Chest x-ray results: \_\_\_\_\_ Date referred to: DOH: \_\_\_\_\_ Clearance Card: \_\_\_\_\_ Foreign travel in past 2 yrs? \_\_\_\_\_
Date/Results \_\_\_\_\_ PMD: \_\_\_\_\_ Date Received \_\_\_\_\_ By \_\_\_\_\_ Close contact with active TB? \_\_\_\_\_



# TB *Elimination*



## Tuberculin Skin Testing

### What is It?

The Mantoux tuberculin skin test (TST) is the standard method of determining whether a person is infected with *Mycobacterium tuberculosis*. Reliable administration and reading of the TST requires standardization of procedures, training, supervision, and practice.

### How is the TST Read?

The skin test reaction should be read between 48 and 72 hours after administration. A patient who does not return within 72 hours will need to be rescheduled for another skin test.

### EMPLOYEE HEALTH WALK IN HOURS

PMMC		KMCWC		Straub		Wilcox	
Phone: 808.485.4123 Appt. Line: 808.529.4905 Fax: 808.485.4154		Phone: 808.983.8525 or 808.983.6483 Appt. Line: 808.529.4905 Fax: 808.983.8198		Phone: 808.529.4900 Fax: 808.529.4901		Phone: 808.245.1141 Appt. Line: 1-855-929-4905 Fax: 808.245.1211	
Monday	N/A	Monday	7:30am – 10:30am	Monday	7:30am – 11:00am	Monday	7:00am – 10:00am
Tuesday	7:30am – 10:30am	Tuesday	12:30pm – 3:30pm	Tuesday	7:30am – 9:00am	Tuesday	7:00am – 10:00am
Wednesday	12:00pm – 2:30pm	Wednesday	7:30am – 9:30am	Wednesday	7:30am – 10:00am	Wednesday	7:00am – 9:00am
Thursday	7:30am – 10:30am	Thursday	12:30pm – 3:30pm	Thursday	7:30am – 9:00am	Thursday	7:00am – 10:00am
Friday	12:00pm – 2:30pm	Friday	7:30am – 10:30am	Friday	7:30am – 10:00am	Friday	Appointments ONLY
Other times available by appt.		Other times available by appt.		Other times available by appt.		Other times available by appt.	