

# National Hospice Management, INC.

## CONTRACTED EMPLOYEE TUBERCULOSIS SYMPTOM SCREEN

- Annually For ALL Contracted Employees With Positive Tuberculosis Skin Test
- Annually For ALL Contracted Employees when the agency is determined to be at Medium Risk for Tuberculosis

<b>Name:</b>		/	
	<i>(Print):</i> Last, First		Date

**Instructions: Please answer the following questions truthfully. Fill-in or circle the appropriate answers.**

- 1) Have you experienced any of the following symptoms within the past year?
  - a. Persistent productive cough?  Y /  N
  - b. Coughing up blood?  Y /  N
  - c. Chest pain?  Y /  N
  - d. Shortness of breath/difficulty breathing?  Y /  N
  - e. Unexplained fever lasting more than 3 days?  Y /  N
  - f. Unexplained night sweats?  Y /  N
  - g. Unexplained sudden weight loss?  Y /  N
  - h. Unexplained fatigue/run down feeling?  Y /  N
- 2) Have you sought medical care for chest symptoms within the past year?  Y /  N
- 3) Have you lived with/been in close contact with someone who had TB disease?  Y /  N
- 4) Considering the list of countries/continents below:
  - **Africa**
  - **Asia:** China, Mongolia, Vietnam, Korea, Indonesia, India, Pakistan & Bangladesh
  - **Eastern Europe:** Russia and former Soviet Union States, Armenia
  - **Latin America:** Mexico, Guatemala, South America
  - **Caribbean Islands:** Jamaica, Dominican Republic, Haiti, Cuba, Trinidad & Tobago
  - **Pacific Islands** including the Philippines; excluding Hawaii
  - a. Were you born in one of these countries?  Y /  N
  - b. Have you stayed in one of these places for one month or longer?  Y /  N
  - c. Have you lived with or been in close contact with someone who stayed or lived in one of these countries for one month or longer this year?  Y /  N

If you answered yes to any of the above questions please explain:

---



---

I certify that the information contained on this form is true and correct. I understand that if any of the above responses are "Yes" that I may be re-evaluated to rule out the presence of active tuberculosis.

<b>Contracted Employee Signature:</b>	<b>Date:</b>
---------------------------------------	--------------

**Further Action Needed**  Y /  N

**Action Needed:**  TST  Chest X-Ray  Physician Follow-Up

<b>RN Reviewer</b>	<b>Date</b>
--------------------	-------------