

Directions: Call Employee Health to make appointment for testing (203-739-7860) Hours to get test read: Mon-Fri 7:30am-3:00pm

Employee Health Services, 1st floor Tower Building

MEDICAL SURVEILLANCE

For Tuberculosis Fax: 203-739-8595

Employeehealth.danbury@nuvancehealth.org

Name: _____ **Dept.:** _____

Screening for TB is a mandatory public health requirement for many occupations, including those in Health Care fields, and provides the safeguards against the spread of TB in the community.

Reason for Visit: **Annual** ____ **New Volunteer** **x** ____

Circle the number that applies to you.

1. I have been tested for tuberculosis in the past ,via Tuberculin Skin test (TST) and was negative
2. I am a known positive PPD converter (**proceed to section II .**)

II. Please answer all 6 questions below:

A. _____ I agree to contact the Employee Health Services nurse if symptoms appear, such as:

- Prolonged productive cough (over 3 weeks duration)
- Fever/ Chills
- Easy fatigability
- Weight loss
- Night Sweats
- Loss of appetite
- Bloody sputum

B. Have you had these symptoms in the last year?_____

C. Have you received the BCG vaccine? _____ E. Have you ever received treatment for TB? _____

D. Were you born outside the United States?_____ F. Have you ever had a positive PPD or QTF?_____

III. TEST MUST BE READ IN 48-72 HOURS

#1).Dose: 0.1 cc PPD Right/Left

Circle site: Right/Left

Lot # _____ Exp _____

Date given: _____

Date Read: _____

Administered by: _____

Results: _____ mm

(signature)

(signature)

#2).Dose: 0.1 cc PPD Right/Left

Circle site: Right/Left

Lot # _____ Exp _____

Date given: _____

Date Read: _____

Administered by: _____

Results: _____ mm

(signature)

(signature)