Master Staffing, Inc. *Professional Nursing Care & Services*

310 East Colorado Street, Suite 206 Glendale, CA 91205 o www.master-staffing.com

818.244.3188 Phone o 818.244.8599 Fax o staffing.dept@master-staffing.com

TUBERCULOSIS EXPOSURE QUESTIONNAIRE

Last Name _____ First Name _____

Date of Birth _____

	STATUS/RESULT	DATE
Last TB Skin Test (PPD)	☐ POS ☐ NEG	GIVEN: _____
Induction _____		READ: _____
Chest X-ray (if TB skin test is positive or indicated by PMD or symptomatic for convertors)	☐ POS ☐ NEG	_____

Please answer YES or NO if any of the following symptoms apply to you:

Loss of weight (more than 10% of body weight)	☐ Yes	☐ No
Night sweats	☐ Yes	☐ No
Fever lasting several weeks	☐ Yes	☐ No
Frequent Coughing	☐ Yes	☐ No
Coughing blood-streaked sputum	☐ Yes	☐ No
Unusual tiredness or weakness lasting weeks	☐ Yes	☐ No
Pain in chest when taking a breath	☐ Yes	☐ No
Recent diagnosis of diabetes, silicosis, or HIV	☐ Yes	☐ No
Recent exposure to a family member or others with active TB	☐ Yes	☐ No

Please explain: _____

If you have answered YES to any of the above, are you currently being treated by a physician? ☐ Yes ☐ No

Please explain: _____

History of BCG administration _____

Birth Country _____ # Years in the U.S.A. _____

Recent travel since last PPD? _____

_____ _____

Employee's Signature Date

_____ _____

Verified & Checked by Master Staffing, Inc. Date