

KAISER PERMANENTE
Greater Southern Alameda Area

Date _____

Name: _____

Address: _____

Subject: TUBERCULOSIS MEDICAL SURVEILLANCE

Your TB Medical Surveillance must be completed UNLESS ADVISED OTHERWISE.

Failure to complete this screening may result in your being placed on administrative leave without pay until compliance is achieved. In order to meet healthcare organization accreditation and regulatory compliance requirements, all Employees, including M.D.'s, Contracted employees, Students and Volunteers must participate in periodic TB medical screening. Your participation is mandatory and a condition of continued service. (California Division HR Policy 5.02)

YES NO

- | | | | |
|---|-------|-------|--|
| 1. Have you ever had Tuberculosis?
If yes, when? _____
If yes, were you medicated? _____ | _____ | _____ | |
| 2. Have you ever been on therapy to prevent TB?
If yes, for how long? _____
What was the year? _____ | _____ | _____ | |
| 3. Have you ever been informed of an abnormal chest x-ray? | _____ | _____ | |
| 4. Have you ever received BCG Vaccine?
(A vaccine given in foreign countries to prevent TB. It leaves a scar on your arm similar to a smallpox scar.)
If yes, what year? _____
If so, when were you last skin tested? _____ | _____ | _____ | |
| 5. Have you ever had a positive TB skin test?
If yes, when? _____
If so, where? _____ | _____ | _____ | |
-

In the past 12 months have you:

- | | | | |
|--|-------|-------|--|
| 1. Had a chronic (recurrent) cough? | _____ | _____ | |
| 2. Had unexplained recurrent fevers? | _____ | _____ | |
| 3. Had recurrent night sweats? | _____ | _____ | |
| 4. Coughed up or spit blood? | _____ | _____ | |
| 5. Had any unexplained weight loss? | _____ | _____ | |
| 6. Experienced unexplained chronic fatigue? | _____ | _____ | |
| 7. Been advised you are immunosuppressed for any reason? | _____ | _____ | |

Date: _____ **Signature:** _____

NOTE: This TB Questionnaire was sent to you because your records show that you have had a documented positive PPD skin test.