EMPLOYEE HEALTH
FAX: 691-7853

For clinic use: Convertor ☐ Reactor ☐
Date if Exposure ________________

TUBERCULOSIS MONITORING FORM

Name (Print) ____________________ Date ____________________

Department (Unit) ____________________ Unit/Dept Phone____________________

Employee ID No.____________________ Cell/Home Phone____________________

PLEASE COMPLETE AND RETURN THIS FORM TO EMPLOYEE HEALTH VIA FAX, INTER-OFFICE MAIL OR IN PERSON TO COMPLETE YOUR TB MONITORING REQUIREMENT. IF THIS FORM IS NOT RECEIVED IN EMPLOYEE HEALTH BY YOUR DUE DATE, YOU WILL NOT BE CLEARED TO WORK. (QMC POLICY & PROCEDURE #616-XX-079).

1. Have you been "exposed" to tuberculosis within the past year? ☐ Yes ☐ No

   If yes, where? ____________________

   a) in a hospital: Patient Name ____________________
      Date of Exposure: ____________________
      Other ____________________

   b) in the community (e.g., family, social activities) ____________________

2. Have you experienced any of the following in the last year?

	Yes	No	Comments (If yes, for how long?)
Coughing longer than 3 weeks	☐	☐	____________
Coughing up blood	☐	☐	____________
Shortness of breath/difficulty breathing	☐	☐	____________
Chest pain	☐	☐	____________
Unexplained weight loss/loss of appetite	☐	☐	If yes, how many pounds? _____
Night sweats	☐	☐	____________
Chills/fever	☐	☐	____________
Unusual weakness or fatigue	☐	☐	____________

3. Do you have any chronic diseases (e.g., diabetes, chronic infections, kidney problems) or any disease that affect your immune system? ☐ Yes ☐ No
   If yes, list:____________________
   ____

4. Have you traveled outside the USA in the last six months? ☐ Yes ☐ No
   If yes, to where? ____________________

5. Are you living with anyone not born in the USA? ☐ Yes ☐ No If yes, please list where they were born: ____________________

6. List all medications you are taking now: ____________________
   ____

The above answers are true and correct to the best of my knowledge. I understand that Employee Health may contact me for additional information.

Signature____________________Date____________________

Revised 4/19/13