ALLIED HEALTH PROFESSIONALS TB TEST FORM

This is a requirement in the appointment/reappointment process.

Applicant's Printed Name

INSTRUCTIONS

Applicants must provide documentation of TB screening initially and on a yearly basis after appointment to the Allied Health Professionals Staff.

- 1. The applicant who has not had a TB test within the year, will be required to have two-step TB test.
- 2. The applicant who has tested positive for TB in the past and has a negative chest x-ray on file in the Medical Staff Office, must complete the waiver form at the bottom of the TB Test Form. The waiver form must be co-signed by a representative from the Hendrick Employee Health Services or physician's office.
- 3. Allied Health Professionals will be notified of pending expiration of TB screening results in order to allow time for testing.

You may choose to have your testing done at a physician's office or at the HMC Employee Health Services located at 1900 Pine St., 2nd Floor/ Human Resources, Abilene, Texas. The Employee Health Services can administer the test and is available to you Monday, Tuesday, Wednesday and Friday from 7 AM to 5 PM by appointment. Please call 325-670-3317 to schedule your testing.

APPLICANTQUESTIONNAIRE

1. When did you receive your last skin test	for tuberculosis	? Date:							
If last skin test was greater	than one year, a	two-step TB	test is re	equired	ł				
2. Have you or any members of your family or household ever had TB?					\square No	o If yes, v	whom?		
3. Have your ever been suspected of having TB?					\square No	0			
4. Have you ever worked in a unit where active TB patients were treated?				Yes	\square No	0			
5. Do you require a chest x-ray?				Yes	\square No	0			
If yes, please provide a copy of the repo	ort with this form								
Applicant Signature:				Date:					
TO COMPLETED BY HENDRICK	EMPLOYEE	HEALTH	SERV	ICES	<u>OR</u>	PHYSIC	CIAN'S	OFFICE	
REPRESENTATIVE									
TB Screening: Mantoux Given:						By:			
Manufacturer:	_Lot #:	Results:			_mm	By:			
2 Step PPD: Mantoux Given: Manufacturer:	T . 11	Site:				By:			
Chest x-ray Slip Given:	_By:	Results:		Cl	ear	Po	sitive Da	ite:	
CHEST X-RAY WAIVER (for applicants v	vho have had a	positive skin (test in tl	he pas	t with 1	negative	chest x-r	ay on	
file:)		_				_		-	
1. Have you been exposed to a case of action						[] Yes	[] No		
2. Do you have any of the following?									
					U		[] Yes	[] No	
		with sputum?	[] Yes	[] No	if ye	es, color	of sputun		
3. Persistent night sweats							[] Yes	[] No	
4. Involuntary weight loss							[] Yes	[] No	
5. Unexplained fatigue over a period of tir						[] Yes	[] No		
6. Any serious illness							[] Yes	[] No	
If you answered "yes" to any of the above,									
I waiver the annual/six month screening for									
personal physician should I develop any syn		e tuberculosis	as men	tioned	above	. I under	stand th	at if at any	
time such symptoms develop, a chest x-ray s	should be done.								

Applicant Signature:	Date:
Employee Health Services/Physician's Signature:	Date:

Date:____

Please send completed form to: The Medical Staff Office If you have any questions, please call 325-670-3465.