

TB TARGETED MEDICAL QUESTIONNAIRE FORM

To be completed by employee:

<u>Print Name</u>	<u>YES</u>	<u>NO</u>
1. Have you ever had a positive TB skin test or history of TB infection? _____	_____	_____
2. Have you ever had the BCG vaccine? _____	_____	_____
3. Do you have prolonged or recurrent fever? _____	_____	_____
4. Have you recently lost weight? _____	_____	_____
5. Do you have a chronic cough? _____	_____	_____
6. Do you cough up blood? _____	_____	_____
7. Do you have sweating at night? _____	_____	_____
8. Do you have any of the following risk factors which may substantially increase the risk of tuberculosis?		
_____ a. Silicosis (Lung Disease)		
_____ b. Gastrectomy		
_____ c. Intestinal Bypass		
_____ d. Weight 10% or more below ideal body weight?		
_____ e. Chronic Renal Disease		
_____ f. Diabetes Mellitus		
_____ g. Prolonged high-dose corticosteroid therapy or other Immunosuppressive therapy		
_____ h. Hematologic Disorder 1.e. leukemia or lymphoma		
_____ i. Exposure to HIV or AIDS		
_____ j. Other malignancies		

Employee Signature

Date

Reviewed by

Date

HEPATITIS VACCINE REQUIREMENT

I _____ acknowledge that I am at risk of exposure or have been unknowingly exposed to Hepatitis B as a result of my employment and acknowledge that Absolute Healthcare Services, LLC will arrange for me to receive the Hepatitis vaccine at no cost to myself. It is my decision to:

- Request that I receive the Hepatitis vaccine

- Refuse the Hepatitis vaccine and HOLD HARMLESS ABSOLUTE HEALTHCARE SERVICES, LLC. I understand that by declining the vaccine I continue to be at risk of acquiring Hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials, and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccine series at no charge to me.

- Provide written proof of immunity (attach)

- Provide written proof of previous vaccination (attach)

- Provide written proof of medical contraindication (attach)

Signature: _____ Date: _____