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.

APPLICANT QUESTIONNAIRE

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 required
2. Have you or any members of your family or household ever had TB? ☐ Yes ☐ No If yes, whom?____
3. Have your ever been suspected of having TB? ☐ Yes ☐ No
4. Have you ever worked in a unit where active TB patients were treated? ☐ Yes ☐ No
5. Do you require a chest x-ray? ☐ Yes ☐ No
   If yes, please provide a copy of the report with this form.

Applicant Signature:_____ **Date:**_____

TO COMPLETED BY HENDRICK EMPLOYEE HEALTH SERVICES *OR* PHYSICIAN'S OFFICE REPRESENTATIVE

TB Screening: Mantoux Given:_____ Site:_____ By:
Manufacturer:_____ Lot #:_____ Results:_____ mm By:
2 Step PPD: Mantoux Given:_____ Site:_____ By:
Manufacturer:_____ Lot #:_____ Results:_____ mm By:

Chest x-ray Slip Given:_____ By:_____ Results:_____ Clear_____ Positive Date:

CHEST X-RAY WAIVER (for applicants who have had a positive skin test in the past with negative chest x-ray on file:)

1. Have you been exposed to a case of active TB this year? [] Yes [] No
2. Do you have any of the following?
   Chronic cough [] Yes [] No
   with sputum? [] Yes [] No if yes, color of sputum
3. Persistent night sweats [] Yes [] No
4. Involuntary weight loss [] Yes [] No
5. Unexplained fatigue over a period of time? [] Yes [] No
6. Any serious illness [] Yes [] No

If you answered "yes" to any of the above, please explain on a separate sheet.

I waiver the annual/six month screening for a chest x-ray and I agree to report promptly to Employee Health Services or personal physician should I develop any symptoms of active tuberculosis as mentioned above. I understand that if at any time such symptoms develop, a chest x-ray should be done.

Applicant Signature:_____ **Date:**_____

Employee Health Services/Physician's Signature:_____ **Date:**_____

Please send completed form to: Medical Staff Office, Hendrick Medical Center, 1900 Pine St., Abilene, TX 79601
If you have any questions, please call 325-670-3465.