STAT STAFFING

FOLLOW UP OF POSITIVE TB SKIN TEST REACTION

EMPLOYEE NAME _____ DATE OF PHYSICAL EXAM _____

Those persons exempt from receiving a PPD screen must be informed yearly about the symptoms of TB and the need for evaluation if such symptoms arise. For any person who has had a positive test, a chest x-ray is required. Each subsequent year a statement from a physician is required indicating that the employee is not infectious and that a chest x-ray is not necessary at this time.

HAVE YOU HAD A POSITIVE TB SKIN TEST REACTION? ☐ YES ☐ NO

CHEST X-RAY: _____ _____
DATE RESULTS

If you experience any of these symptoms, you should report this to your health care provider. Have you had any of these symptoms in the past year?

1. Have you experienced a cough of greater than two weeks? ☐ YES ☐ NO
2. Have you had a low-grade temperature? ☐ YES ☐ NO
3. Do you have night sweats? ☐ YES ☐ NO
4. Have you had any weight loss? ☐ YES ☐ NO
5. Do you have unusual fatigue/malaise? ☐ YES ☐ NO
6. Have you noticed any bloody sputum? ☐ YES ☐ NO

I certify that _____ is found to be in good health without evidence of communicable disease and free of work restrictions related to the duties of a healthcare professional.

WORK RESTRICTIONS ☐ NO ☐ YES, EXPLAIN:_____

_____

_____

_____
PHYSICIAN'S SIGNATURE DATE

_____
PHYSICIAN'S NAME PRINTED TELEPHONE NUMBER

_____
STREET ADDRESS CITY STATE ZIP CODE

_____
EMPLOYEE'S SIGNATURE DATE

40 24TH STREET • PITTSBURGH, PA 15222 | TEL: 412 • 434 • (STAT) 7828 | FAX: 412 • 434 • 7848 | STATTEAM@STATSTAFFING.COM