

Carlin House Assisted Living Employee Tuberculin Screening Acknowledgment

NAME _____ DEPT /Job Title: _____

If you have any of the following signs or symptoms of tuberculosis, you are required to notify the Wellness Coordinator immediately.

- Fatigue (weakness)
- Anorexia (loss of appetite)
- Weight Loss
- Night Sweats
- Low Grade Fever
- Productive Cough (sputum)
- Hemoptysis (blood in sputum)

| Do I currently exhibit any of the following: | NO | YES |
|--|-----|-----|
| • Fatigue (weakness)..... | () | () |
| • Anorexia (loss of appetite)..... | () | () |
| • Weight Loss..... | () | () |
| • Night Sweats..... | () | () |
| • Low Grade Fever..... | () | () |
| • Productive Cough (sputum)..... | () | () |
| • Hemoptysis (blood in sputum)..... | () | () |

I have also received information about the causes, treatment and prevention of Tuberculosis (TB), along with a reminder to report any of the above signs and symptoms to the Wellness Coordinator. The TB infection Control Plan, Risk Assessment and all other educational material are located on the front desk with 24/7 available access.

Employee Signature _____ Date _____

() I hereby acknowledge that my tuberculin skin test is positive. Further, I take full responsibility for reporting any of the early signs and symptoms of Tuberculosis (TB) to the Wellness Coordinator immediately.

| Do I currently exhibit any of the following: | NO | YES |
|--|-----|-----|
| • Fatigue (weakness)..... | () | () |
| • Anorexia (loss of appetite)..... | () | () |
| • Weight Loss..... | () | () |
| • Night Sweats..... | () | () |
| • Low Grade Fever..... | () | () |
| • Productive Cough (sputum)..... | () | () |
| • Hemoptysis (blood in sputum)..... | () | () |

Employee Signature: _____ Date: _____

Wellness Coordinator Signature: _____ Date: _____

Instruction to Employee: _____

