Attachment 8

## **OHIO VETERANS HOMES**

## TUBERCULOSIS SCREENING/SYMPTOM SURVEY

THIS SECTION TO BE COMPLETED BY APPLICANT.							
Print Name:					Date:		
	LAST		F	FIRST			
es of kno as a re NO Cou Nigh Une Une Une Une	wn reasons nesult of smoking Up Block of Sweats explained Person explained Chrock explained Chrock explained Weignade fever -	night be night a ing, indigestion od sistent Indiges ite onic Cough (fo onic Fatigue, L ght Loss (8 po	sweats as n related tion or more the sistlessnead	han 2 weeks) ess (more than 2 wore or 10% of n	onal chang etc. weeks dura ormal bod	es, chronic cough ation) y weight)	
HIS SECTION TO BE FILLED OUT BY TESTING SITE.							
Mfg	Lot #/exp date	DATE GIVEN	SITE	DATE READ 48 – 72 hrs. after applied	RESULTS	ADMINISTERED BY	
NOTE: If previously tested, must provide documentation- date given, date read & results in mm.							
THIS SECTION TO BE COMPLETED BY <u>PHYSICAN</u> <i>IF</i> APPLICANT IS A TST <u>CONVERTER OR KNOWN POSITIVE REACTOR</u> .							
Date converted:							
DATE OF CHEST X-RAY RESULTS OF CHEST X-RAY – include a copy of report							
Physician' statement and evaluation of applicants TB status:							
Applicant is free from active pulmonary tuberculosis and is cleared medically to work.							
ent:							
ian'e Sic	inature:					Date:	
	box if your soft known as a rose no least a ro	box if you have experses of known reasons mas a result of smoke NO  Coughing Up Block NO  Coughing Up Block No  Night Sweats Unexplained Persult Decreased Appet Unexplained Chrole Unexplained Chrole Unexplained Weige Low grade fever-  Applicant's signature  CTION TO BE FILLE  Mfg Lot #/exp date  SECTION TO BI CONVE	box if you have experienced any es of known reasons might be night as a result of smoking, indigestion NO  Coughing Up Blood Night Sweats Unexplained Persistent Indiges Decreased Appetite Unexplained Chronic Cough (for Unexplained Chronic Fatigue, Low grade fever – late afternoon Low grade fever – late afternoon Applicant's signature  CTION TO BE FILLED OUT BY  Mfg Lot #/exp DATE GIVEN  SECTION TO BE COMPLE CONVERTER OR  Onverted: OF CHEST X-RAY RESULTS OF Itan's statement and evaluation of a statement and evaluation of a statement is free from a statement.	box if you have experienced any of the fees of known reasons might be night sweats as a result of smoking, indigestion related to NO Coughing Up Blood Night Sweats Unexplained Persistent Indigestion Decreased Appetite Unexplained Chronic Cough (for more to Unexplained Chronic Fatigue, Listlessne Unexplained Weight Loss (8 pounds or Low grade fever – late afternoon or even Applicant's signature  CTION TO BE FILLED OUT BY TESTING Mfg Lot #/exp date GIVEN SITE  SECTION TO BE COMPLETED E CONVERTER OR KNOVENTER OR KNOVENTER OR KNOVENTER OR CHEST Applicant is free from active pullent:	box if you have experienced any of the following symptones of known reasons might be night sweats as a result of horms as a result of smoking, indigestion related to ulcer disease, so NO Coughing Up Blood Night Sweats Unexplained Persistent Indigestion Decreased Appetite Unexplained Chronic Cough (for more than 2 weeks) Unexplained Chronic Fatigue, Listlessness (more than 2 Unexplained Weight Loss (8 pounds or more or 10% of n Low grade fever – late afternoon or evening – lasting more Applicant's signature  CTION TO BE FILLED OUT BY TESTING SITE.  Mfg Lot #/exp DATE GIVEN SITE DATE READ 48 – 72 hrs. after applied  E: If previously tested, must provide documentation—date of SECTION TO BE COMPLETED BY PHYSICAL CONVERTER OR KNOWN POSITIVE DIVERTED BY PHYSICAL CONVERTER OR KNOWN POSITIVE DIVERTED BY RESULTS OF CHEST X-RAY — include lian' statement and evaluation of applicants TB status:    Applicant is free from active pulmonary tuberculously tested.	Date	

NOTE: CDC recommendation is that persons with a documented conversion and no evidence of TB on chest x-ray receive preventative therapy unless medically contraindicated