

Step (New hire)

CENTRA EMPLOYEE HEALTH

Required Update_____

#1_____

Phone: 434-200-3082

Exposure_____

#2_____

Fax: 434-200-5842

SELF READING IS NOT ACCEPTABLE

PLEASE REMEMBER TO RETURN THIS FORM TO EMPLOYEE HEALTH TO MEET THE MANDATORY REQUIREMENT

NAME:_____

EMPLOYEE #/DOB_____

DEPARTMENT:_____

Have any medical conditions that may impact your ability to perform your job function developed since last employee screening? Yes_____ No_____

If yes, describe:_____

Are you experiencing any of the following symptoms?

___Loss of appetite ___Pain in Chest ___Fever (generally at night) ___Productive cough
___Unexplained Weight Loss ___Night Sweats ___Fatigue ___Hemoptysis

Please answer the following questions:

Do you have a fever at the present time?	_____ Yes	_____ No
Are you pregnant? (Women only)	_____ Yes	_____ No
Has BCG (TB vaccine) ever been administered to you?	_____ Yes	_____ No
Are you taking steroids or cancer drugs?	_____ Yes	_____ No
Have you had a viral infection within 8 weeks due to Influenza, Mumps, Measles, etc	_____ Yes	_____ No
Have you had a live virus vaccination within the last 8 weeks (Measles, Mumps, Polio, Influenza Mist, Yellow Fever, Small Pox)	_____ Yes	_____ No
Have you ever had a positive reaction to a Tuberculin Skin Test?	_____ Yes	_____ No

I have answered the above questions to the best of my knowledge. I understand that the above questions will only be used to determine if a TST can be administered. I consent to TST administration if not contraindicated due to past positive reaction.

Signature

Date

Date/Time Given:_____ Site:_____

Date/Time Read:_____

Manufacturer:_____

Result:_____MM

Lot #:_____ Exp. Date:_____

Signature of Reader_____

Administered by:_____

READ AFTER _____ / _____ AND BEFORE _____ / _____
DATE TIME DATE TIME

MAY BE READ BY ANY RN/LPN IF NO REACTION FOR ANY SITE REDNESS OR INDURATION REPORT IMMEDIATELY TO EMPLOYEE HEALTH

Care of site: 1. Blot gently. 2. No lotion/cream to area. 3. No scrubbing or scratching.
4. OK to shower/swim.
Revised 9/08