

**Resource Center for Independent Living (RCIL) & At Home Independent Care Inc.
PRE-EMPLOYMENT & BI-ANNUAL MANTOUX (TB) SYMPTOMS CHECK REPORT FORM**

This Section to be completed by EMPLOYEE:

IMPORTANT: You are mandated to bring proof of a documented past positive Mantoux test and chest x-ray to the examining physician's office. Failure to do so will cause subsequent delays.

| | | |
|-------------------|--------|-----------------------|
| Name: | | Date of Birth: |
| Address: | | |
| Telephone: | () | Email: |

This Section to be completed by EXAMINER:

NOTE TO EXAMINER:

This individual has a documented positive Mantoux test in the past or has had a recent reaction to the test. Therefore, he/she is required to obtain a TB symptoms exam to ensure he/she does not possess active tuberculosis. If he/she has never had a past reaction, a new chest x-ray is required. *

| Date of Exam | No Symptoms | Shows Symptoms <i>Provide recommendations</i> | Signature and Title (MD, NP, RN, DO) |
|---------------------|--------------------|---|---|
| | | | |

- This individual does not show symptoms of active tuberculosis. I do not have any recommendations for further testing at this time.
- This individual shows symptoms indicating of suspected or active tuberculosis disease and is under my care. The individual will not be permitted to work until the Agency receives a note from me stating that the conditions outlined below have been met. * Recommended course of action will include:

Examiner (Print Name): (MD, NP, RN, DO)

Date:

Examiner Signature:

Telephone:

***DOH REQUIREMENTS:** Physicians are required to refer any individuals or applicants with a significant reaction and/or a test result interpreted to indicate possible tuberculosis infection to a health care provider knowledgeable in the diagnosis of tuberculosis for a formal diagnostic evaluation to exclude active pulmonary tuberculosis." A physician's statement regarding the above exclusion shall be acceptable so long as it includes a recommendation as to when testing would be appropriate at a designated time in the future and/or how the person should be evaluated for active tuberculosis and a preventative therapy assessment. All individuals who have test results indicating suspected or confirmed active tuberculosis disease shall be excluded from the work environment until adequate treatment is instituted and any coughs are resolved, and sputum specimens are negative on three (3) consecutive AFB smears and until such time that documentation is obtained from a physician indicating that the above conditions have been met. (The exclusion from work is not applicable for those individuals with confirmed or suspected tuberculosis disease in areas other than the lung or larynx who are otherwise healthy and undergoing treatment.)