



Resource Center for Independent Living, LDA and AHIC (the "Agency")

MANTOUX (TB) SYMPTOMS CHECK REPORT FORM

This Section to be completed by Employee:

Form with fields for Name, Address, Telephone, and Date of Birth.

Employee Signature

Date

This Section to be completed by Physician or Provider:

*NOTE TO PHYSICIAN/PROVIDER:

This individual is excluded from the Agency's mandatory annual Mantoux test due to a documented positive test in the past or reaction to the test. Therefore, he/she is required to obtain an annual TB symptoms exam to ensure he/she does not possess active tuberculosis. (DOH Guidelines are noted on the reverse side of this form.)

ANNUAL TB SYMPTOMS CHECK

Table with 4 columns: Date of Exam, No Symptoms Or Work Limitations, Shows Symptoms/Please Detail, Signature/Title (MD, NP, RN, LPN)

- Checkboxes for 'This individual does not show symptoms...' and '*This individual shows symptoms...' with associated text.

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

Address:

Date of Exam:

Telephone: ()

Return to:

The Resource Center for Independent Living
Attn: Human Resource Dept./Benefits Confidential
409 Columbia Street, PO Box 210
Utica, NY 13503-0210
Phone: (315) 797-4642
Fax: (315) 797-4747

* 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.)

Revised 01/21/11

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