PROVIDENCE ANCHORAGE LONG TERM CARE SERVICES
TUBERCULOSIS SCREENING

Patient/Resident Name: _____

All individuals seeking admissions to Providence Extended Care or Providence Transitional Care Center must <u>be free of active signs and symptoms of TUBERCULOSIS.</u>

Does Patient/Resident Have:

- ❑ History of Tuberculosis per record? ___ yes / ___ no
- ❑ History of Positive TST per record? ___ yes / ___ no

If Yes, ASK:

- ❑ Have you ever been told you have TB? ___ yes *(if yes _____date?)* / ___ no
- ❑ Have you ever had a positive skin test? ___ yes *(if yes _____date?)* / ___ no
- ❑ Have you ever had positive blood testing for (Quantiferon)? ___ yes *(if yes _____date?)* / ___ no
- ❑ Have you been treated for TB? ___ yes *(if yes _____date?)* / ___ no
- ❑ Have you ever received medications because of a positive skin test? ___ yes *(if yes _____date?)* / ___ no
- ❑ Have you received BCG vaccine and when? ___ yes *(if yes _____date?)* / ___ no
- ❑ What is your country of origin? _____
- ❑ Have you lived or traveled in any country within the last 10 years? _____

All Applicants must:

1) Have a CXR negative for findings of Tuberculosis within 60 days prior to admission.
2) Have a negative screening for active signs and symptoms of TB performed by either a registered nurse or a physician.

Chest X-Ray done: _____

Results: _____

Screening Questionnaire for signs and symptoms of active Tuberculosis:

Has patient/resident had any of the following signs and symptoms during the past (1) one year?

	<u>If Yes, Give Dates:</u>	
<u>Please Check any of the following</u>	**YES**	**NO**
1) Cough lasting greater than 2 weeks	_____	_____
2) Blood tinged sputum	_____	_____
3) Night sweats	_____	_____
4) Unexplained weight loss	_____	_____
5) Loss of appetite	_____	_____
6) Unexplained fever	_____	_____

If yes to any question, please describe symptoms further. When did it start? Have you sought treatment? If yes, what treatment was done?

_____

RN, ANP or Physician Signature Completing form Date

_____

RN, ANP or Physician Please Print Name