

Please answer the following and return this questionnaire to GrapeTree Medical Staffing.

Have you ever had:

Yes No (Please explain any "yes" answer(s) on comment line)

- A complete course (at least 9 months) of INH therapy? (If yes, you may proceed to the bottom table)
- Active, untreated Tuberculosis
- Acquired Immunodeficiency Syndrome (HIV)
- Severe or poorly controlled diabetes mellitus
- Any disease associated with severe immunologic deficiency
- Silicosis (Obstructive lung disease associated with inhalation of silica)
- Gastrectomy (removal of part or all of the stomach)
- Excessive alcohol intake
- BCG Vaccine

Comments: _____

Do you currently have:

Yes No (please explain any "yes" answer(s) on comment line)

- Unexplained fatigue or malaise of more than 3 weeks
- Unexplained weight loss
- Unexplained anorexia (loss of appetite)
- Unexplained fever (usually at night)
- Night sweats (drenching proportions)
- Cough of more than 3 weeks duration (not related to chronic lung disease or viral upper respiratory infection)
- Hemoptysis (coughing up blood)
- Close exposure to a case of communicable pulmonary tuberculosis in the past year

Comments: _____

My signature indicates that I have read this document in its entirety, and I understand its content.

Employee Signature: _____ Date: _____

Employee Printed Name: _____