



ANNUAL HEALTH/TB SCREENING QUESTIONNAIRE

NAME: _____ CLASSIFICATION: _____ DATE: _____

PERSONAL PHYSICIAN (PRINT): _____

TELEPHONE NO.: _____

PLEASE CIRCLE ANSWERS WITH YES OR NO. This Health Questionnaire is for the purpose of assisting Premier Nursing Services, Inc. in placing you in a job safe to yourself and others according to your physical ability. Please complete the following:

- Have you ever filed a claim or received benefits for an occupational injury, disease or accident? YES NO
- Been refused insurance for health reasons? YES NO
- Have you ever had any back/spinal problems? YES NO
- Have you ever had any form of Hepatitis? YES NO
- Have you ever had heart problems including irregular heartbeats? YES NO
- Have you ever had Liver Disease or Kidney Disease? YES NO
- Do you have Diabetes or been treated for Diabetes? YES NO
- Have you ever had mental disorder? YES NO
- Do you have an existing temporary medical condition? YES NO
- Have you ever had Cancer, Tuberculosis or Blood disorder? YES NO

HAVE YOU DEVELOPED ANY OF THE FOLLOWING IN THE LAST YEAR:

- Are you a smoker? YES NO
- Have you had a persistent cough? YES NO
- Have you had persistent skin rashes, abscesses or sores? YES NO
- Do you have excessive fatigue despite adequate rest? YES NO
- Have you had diarrhea lasting more than 48 hours? YES NO
- Have you had an unexplained change in your weight? YES NO
- If so, how much have you lost? _____ Lbs.
- Are you having any unexplained elevation of temperature? YES NO

Explanation of all questions answered YES above. :

ANNUAL TUBERCULOSIS SCREENING QUESTIONNAIRE

PLEASE ANSWER ALL THE QUESTIONS WITH YES OR NO. IF YES, PLEASE EXPLAIN IN DETAILS.

	YES	NO	EXPLANATION
Did you lose weight recently? If so, how much?	()	()	_____
Do you experience sweating at night?	()	()	_____
Do you have fever at afternoon or at night?	()	()	_____
Do you have a cough? If so, did you see blood in sputum?	()	()	_____
Is there anyone in your immediate family who has or has had tuberculosis?	()	()	_____
If so, does this person live at the same house?	()	()	_____

I hereby certify that my answers to the above questions are true and correct to the best of my knowledge.

_____ **Initial** _____ **Date:** _____