

REASON:

- ☐ Pre-Placement ☐ 1st Step ☐ 2nd Step
☐ Annual
☐ Annual Past Positive Screening
☐ Exposure Baseline (with ACORD)
☐ Post Exposure (10 week with ACORD)

EMPLOYER:

- ☐ MUHA (Hospital) ☐ Crothall
☐ MUSC (University) ☐ Sodexho
☐ UMA/CFC ☐ Other _____
☐ Volunteer

Last Name _____ First _____ MI _____ Birth date ____/____/____ Emp ID _____

Dept _____ Position _____ Work # _____ Home # _____

Address _____ City _____ State _____ Zip Code _____

Have you ever had a positive TST? ☐ YES ☐ NO If yes, when? _____

Have you received a live vaccine within the past 30 days? ☐ YES ☐ NO

If yes, what vaccine? ☐ Measles, Mumps, Rubella (MMR) ☐ Varicella (Chickenpox) ☐ Other _____

Are you immune compromised or are you taking any immunosuppressant medications? ☐ YES ☐ NO

Do you currently have any of the following chronic conditions?

YES / NO

- ☐ ☐ Chronic cough (>3 weeks)
☐ ☐ Chronic fatigue (>3 weeks)
☐ ☐ Chronic chest discomfort
☐ ☐ Persistent low grade fever

YES / NO

- ☐ ☐ Cough up sputum or blood
☐ ☐ Shortness of breath
☐ ☐ Unexpected weight loss
☐ ☐ Night Sweats (excluding menopause)

YES / NO

- ☐ ☐ Poor appetite
☐ ☐ Recurrent infections