



Vital Health Staffing LLC
4141 38th St S Ste 2D, Fargo, ND 58104
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TB Questionnaire

Employee Name: _____ Employee Number: _____

Department: _____

Our records indicate that you had a previous positive TB skin test or QuantiFERON blood test. Due to this annual tuberculosis symptom screening is required.

Please complete the following questions:

1. Do you currently have any of the following symptoms: _____YES _____NO

Chest Pain	Fever/Chills	Weight loss / poor appetite
Coughing up blood	Fatigue	Night sweats
Coughing (longer than 3 weeks)		

2. To your knowledge, during the course of your employment this past year have you provided medical care or been exposed to a patient with known TB? _____

3. To your knowledge, have you had an exposure to a known, active TB patient in the community setting this past year? _____

Please contact your local [Employee Health Office](#) if you develop any of the above symptoms during the course of your employment.

EMPLOYEE SIGNATURE: _____ DATE: _____

Reviewed by: _____ RN / MD DATE: _____