



CHEST X-RAY UPDATE
Previously Reactive PPD

(All employees must have a negative chest x-ray on file and complete this questionnaire annually)

Instructions: If you have ever had a POSITIVE TB skin test, had an allergic reaction to the TB skin test or have received BCG vaccine please complete the EMPLOYEE INFORMATION box below. Answer the questions in sections A and B then return this completed document.

EMPLOYEE INFORMATION (PLEASE PRINT)

Name:	Date of Last Chest X-Ray:
Agency:	Place of Last X-Ray:
Date:	Result:

A. Please answer these questions:

Did you have a POSITIVE Tuberculin or TB skin test? _____

If yes give date: _____

Did you take any medications for your reactive TB skin test? _____

If yes give date: _____

When did you receive BCG vaccine? _____

Do you have any food allergies? _____

If yes please specify: _____

Are you allergic to or have any problems wearing gloves? _____

If yes circle one: **LATEX** **POWDERED** **NON-POWDERED**

Since your last attended Health Update, have you been seen by a doctor for an accident or injury (if yes please explain)?

B. Since your last health update have you had any of the following symptoms?

Coughing _____ Chest Pain _____ Unexplained weight loss _____

Blood in sputum _____ Loss of Appetite _____ Shortness of Breath _____ Night sweats _____

Employee Signature

Witness

Date

Date