Annual Health Exam Report for Head Start/EHS Personnel

Print Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security ID: XXX – XX -\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ (last 4 digits only)

Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Town\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have completed an exam on the above individual and find they are:

|  |  |  |
| --- | --- | --- |
| Fit to work | \_\_\_\_\_\_Yes | \_\_\_\_\_ No |
| Free of communicable disease **that cannot be eliminated or reduced by reasonable accommodation.** | \_\_\_\_\_\_Yes | \_\_\_\_\_ No |
| Completed the TB assessment | \_\_\_\_\_\_Yes | \_\_\_\_\_ No |
| Had a negative TB test | \_\_\_\_\_\_Yes | \_\_\_\_\_ No |

This completed form and personal information has been provided to the individual.

Physician’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Physician’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Clinic/hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This questionnaire is completed by the employee and provided to the health professional. Information is used to assess if a person needs a TB test. It is given to the qualified professional completing the health exam.

Answering “No” to all of the above questions indicates low risk of tuberculosis.

Answering **“Yes” to one or more** of the above questions indicates a high risk of tuberculosis and a skin test may be needed. **If a skin test is needed** or if there are questions about any of the answers given above, please call Blanca Villegas at (806) 894-6104, South Plains CAA – HR Department.

**If you have had a positive skin test for tuberculosis in the past, inform your health care professional. You will not need another test.**

**DO NOT RETURN TO SPCAA.**

**SOUTH PLAINS SPCAA HEAD START/EARLY HEAD START**

# TUBERCULOSIS RISK QUESTIONNAIRE FOR EMPLOYEES/VOLUNTEERS/CONSULTANTS

TB Assessment Questionnaire

A person who is infected with Tuberculosis (TB) may show no outward symptoms. However, infection can later lead to severe illness. To detect the problem before a person becomes ill, a tuberculosis skin test is performed. To help determine if you need to have a skin test, please answer the following questions.

|  |  |  |
| --- | --- | --- |
| Questions | Yes | **No** |
| Were you born outside the U.S. in a high prevalence country (Africa, Asia except Japan, Central/South America, Mexico, Eastern Europe, Caribbean, Middle East)?  *(especially, but not limited to those who arrived in the last five years)* |  |  |
| Have you lived with or spent time with anyone who possibly or definitely had tuberculosis? |  |  |
| Does anyone living in your household have a positive skin test for tuberculosis? |  |  |
| Have you lived or had extensive travel outside the U.S. within the past five years to countries with a high prevalence of TB? |  |  |
| Do you or anyone in your household have AIDS or HIV infection? |  |  |
| Do you or any members of your household use intravenous drugs? |  |  |
| Have you worked or lived in a potentially high-risk congregate setting such as a prison/jail, long term care facility, homeless shelter, residential facility for persons with HIV/AIDS, drug treatment center, etc.? |  |  |

|  |  |
| --- | --- |
| **Employee/Volunteer/Consultant name (*Please print*):** | **School/center:** |
| **Employee/Volunteer/Consultant signature:** | **Date:** |

# Confidential information – Print all information

**FAX Transmission To**

**South Plains CAA – Head Start**

**ATTN: Blanca Villegas– Human Resources Department**

**806.894.6591**

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ Total number of pages\_\_\_\_\_\_\_\_\_\_

(including this cover page)

**FROM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of school\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Work Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, TX Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Fax the completed health exam – no blanks. The doctor’s signature must be an original (not a stamp) and the form must be dated. The completed form and home mailing address must be provided to receive reimbursement.

If you have questions, contact Blanca Villegas, 806.894.6104.