

KETTERING MEDICAL CENTER

TB Evaluation for Medical Staff Members & Allied Health Professionals

The following information on all individuals working or providing care to patients at Kettering Medical Center must be obtained. Please complete the following questions and return to the Medical Staff Office at 3535 Southern Blvd., Kettering, OH 45429 or via fax to 937-395-8357:

TB Skin Test

Test Date: _____

Date Read: _____

Positive Negative

BAMT

Test Date: _____

Date Read: _____

Positive Negative

If you are a positive TB skin test positive and if not BAMT negative, you must answer the following questions:

DO YOU NOTE ANY OF THE FOLLOWING?

YES

NO

1. Persistent cough for longer than three weeks?

2. Chest Pain?

3. Shortness of breath

4. Presently coughing up phlegm, sputum or blood?

5. Noted fever, chills or night sweats?

6. Persistent tiredness, weakness or generally not feeling well?

7. Loss of appetite?

8. Noted weight loss not related to dieting or exercise?

Chest x-ray Date: _____

Positive

Negative

If you are a recent converter, contact your physician for advice on TB prophylaxis.

9. Have you had any health problems or infectious diseases in the last 12 months which would affect with the practice of your clinical privileges at Kettering Medical Center?

YES*

NO

*If you answer yes, please provide a detailed description of the health problem.

Appointee Signature

Printed Name

Date