ANNUAL ASSESSMENT – TB PROGRAM

Name Last First M.I.
Department
EVALUATION OF INFORMATION: You have a history of a positive Mantoux test for tuberculosis, which was followed up by a complete medical evaluation OR you have completed the 2-step Mantoux test. An annual evaluation of your health status is requested. The purpose of this evaluation is to encourage prompt reporting of symptoms associated with TB and prompt identification of cases of active disease.
1. Are you usually tired? Yes No If yes, what do you attribute this to?
2. Have you noticed a persistent low grade fever? Yes No
3. Have you noticed a loss of appetite? Yes No
4. Have you lost 10 lbs. or more within the past year without dieting? Yes No
5. Have you had night sweats? Yes No
6. Have you noticed an unusual, persistent, productive cough? Yes No (Specifically, coughing up thick material for more than 2 weeks or coughing up blood.)
7. Any other unusual symptoms? Yes No If yes, please describe:
☐Reported an unusual, persistent, productive cough ☐Reported night sweats ☐Reported lost 10 lbs. or more within the past year without dieting. ☐Refer to community PCP/MD for further follow-up/evaluation Comments: _____ Date Reviewed:_____ Name of Provider: _____ Signature

PERSONAL PRIVACY PROTECTION LAW NOTIFICATION

The information which you are providing on this form is being requested pursuant to Section 29 Part 1910 of the Code of Federal Regulations for the primary purpose of determining exposure to toxic substances and also to record attendance at mandatory training sessions. This information will be used in accordance with Section 96(i) of the Personal Privacy Protection Law and Section 29 Part 1910.
This information will be maintained by the New York State Veterans Home, 220 Richmond Avenue, Batavia, New York 14020.
585-345-2070