Pacific Endoscopy Center



EMPLOYEE HEALTH SCREENING

(NEGATIVE TB SKIN TEST FORM)

/		/				
TB Skin Test & TB Questionnaire	Review	△ Annua	al Health Revi	iew	ΠE	xposure
Print Full Legal Name:	Date	of Birth: Title	e/Position:	Phones		
		, _	A	Cel: 708-4	66-67	56
Vincent Fredrick I	CALIA 4/11	6/87 C	RNA	Work: (808) 456-		
TB QUESTIONNAIRE:	Television					
1. Have you ever had a positive (r	eactive) skin tes	st? If NO see	TB Skin Test	info section below	☐ Yes	ØN₀
2. Have you ever received INH (Is	oniazid), a med	ication given fo	r a positive s	kin test?	☐ Yes	No
3. Have you ever received a BCG,					☐ Yes	Ø No
4. In the past 6 weeks have you ta					☐ Yes	Z No
5. Have you had a live vaccine (i.e				ths?	☐ Yes	Z No
6. Are you currently experiencing:		ting longer than			☐ Yes	Ø No
If you develop any of	b. fever?				☐ Yes	Ø No
these symptoms (6a-6f),		ats (unrelated to	weather or	menopause)?*	☐ Yes	Z No
notify Center Manager and		spitting blood?*			☐ Yes	Ø No
contact Primary Care Physician	e. unexplaine		WF 2		☐ Yes	Ø No
as soon as possible.			of more than	10lbs in last 2 months?*		Ø′No
Explain all YES answers here:		-			<u> </u>	2 110
7. Any infectious or communicable chickenpox, conjunctivitis, skin	disease since	your last exam?	Please exp	lain. (i.e. herpes,	☐ Yes	∠ No
8. Any chronic disease (i.e. diabetes			ms or any disa	ease) that affects your		
immune system? Please list.	, ornorno imedio	rio, kidricy proble	ins of any dise	case) that affects your	☐ Yes	No No
millione avaient! Flease ISL						
	CHÉTE TEMPETERS É					
FOR ANNUAL HEALTH REVIEW:	sical disability t	that impairs or	oculd impair	yeur ability to perform		
9. Have you had any illness or phy your job responsibilities? If yes, acknowledge that I have read the above an ohysician of my skin test positive status and	explain nd that all my response request radiologic	onses are true and	accurate. It is not physical exam	ny responsibility to notify the	☐ Yes — Center and m ry symptoms	ØNo y including
9. Have you had any illness or phy your job responsibilities? If yes, acknowledge that I have read the above an ohysician of my skin test positive status and	explain nd that all my response request radiologic	onses are true and	accurate. It is not physical exam	ny responsibility to notify the	Center and m	v
FOR ANNUAL HEALTH REVIEW: 9. Have you had any illness or phy your job responsibilities? If yes, acknowledge that I have read the above and the status and out not limited to the above (Please retain a status and the	explain nd that all my response request radiologic	onses are true and	accurate. It is not physical exam	ny responsibility to notify the n at any time I have respirator	Center and m	v
FOR ANNUAL HEALTH REVIEW: 9. Have you had any illness or phy your job responsibilities? If yes, acknowledge that I have read the above and physician of my skin test positive status and out not limited to the above (Please retain a	explain nd that all my response request radiologic	onses are true and	accurate. It is not physical exam	ny responsibility to notify the	Center and m	v
FOR ANNUAL HEALTH REVIEW: 9. Have you had any illness or phy your job responsibilities? If yes, acknowledge that I have read the above and physician of my skin test positive status and but not limited to the above (Please retain a semployee Signature)	explain	onses are true and eal testing as well a ords for at least a y	l accurate. It is not	ny responsibility to notify the n at any time I have respirator Date	Center and m ry symptoms	v
FOR ANNUAL HEALTH REVIEW: 9. Have you had any illness or phy	explain	onses are true and eal testing as well a ords for at least a y	l accurate. It is not	ny responsibility to notify the n at any time I have respirator at any time Date	Center and mry symptoms	v
9. Have you had any illness or phy your job responsibilities? If yes, acknowledge that I have read the above a physician of my skin test positive status and but not limited to the above (Please retain a semployee Signature	explain	onses are true and eal testing as well a ords for at least a y	l accurate. It is not	ny responsibility to notify the n at any time I have respirator S/23/2 Date Date Other: (Pls exp	Center and mry symptoms	v
FOR ANNUAL HEALTH REVIEW: 9. Have you had any illness or phy your job responsibilities? If yes, acknowledge that I have read the above and ohysician of my skin test positive status and but not limited to the above (Please retain a semployee Signature)	explain	onses are true and eal testing as well a ords for at least a y	l accurate. It is not	ny responsibility to notify the n at any time I have respirator at any time Date	Center and mry symptoms	v
9. Have you had any illness or phy your job responsibilities? If yes, acknowledge that I have read the above and only sician of my skin test positive status and out not limited to the above (Please retain a small place). Employee Signature have reviewed the above information supplications and supplications and supplications.	explain	onses are true and eal testing as well a ords for at least a y	l accurate. It is not	ny responsibility to notify the n at any time I have respirator S 23 2 Date Other: (PIs exp AUG 2 3 21 Date ROVIDER)	Center and mry symptoms	y including
9. Have you had any illness or phy your job responsibilities? If yes, acknowledge that I have read the above and hysician of my skin test positive status and out not limited to the above (Please retain a support of the above information support icensed Medical Staff Signature	explain. Ind that all my respond request radiological acopy for your reconstitution in the second responds to the	onses are true and cal testing as well a pords for at least a year. The second of the	accurate. It is not physical example ical appearance ECORD HEALTH CARE PI	ny responsibility to notify the n at any time I have respirator S 23 2 Date Other: (PIs exp AUG 2 3 21 Date ROVIDER)	Center and mry symptoms	y including
9. Have you had any illness or phy your job responsibilities? If yes, acknowledge that I have read the above and physician of my skin test positive status and out not limited to the above (Please retain a support of the above information support of the above infor	explain nd that all my respond request radiological acopy for your recommendation for your re	onses are true and cal testing as well a pords for at least a year. The second of the	accurate. It is not provided by the second s	Date ROVIDER) The responsibility to notify the new respirator of	Center and mry symptoms	y including
9. Have you had any illness or phy your job responsibilities? If yes, acknowledge that I have read the above and only sician of my skin test positive status and out not limited to the above (Please retain a supplementary of the above information supple	explain	onses are true and cal testing as well a pords for at least a year. The second of the	accurate. It is not physical example ical appearance ECORD HEALTH CARE PI	Date ROVIDER) The responsibility to notify the new respirator of	Center and mry symptoms	y including
9. Have you had any illness or phy your job responsibilities? If yes, acknowledge that I have read the above and physician of my skin test positive status and out not limited to the above (Please retain a support of the above information support of the above infor	explain	onses are true and cal testing as well a pords for at least a year. The second of the	accurate. It is not provided by the second s	ny responsibility to notify the n at any time I have respirator S 23 2 Date Date Date Date Facility: Paufic Grande Carridge Ca	Center and mry symptoms	y including
9. Have you had any illness or phy your job responsibilities? If yes, acknowledge that I have read the above and only sician of my skin test positive status and out not limited to the above (Please retain a supplementation of the above information supplementation supple	TB THIS SECTION TO B R Forces C (A) 2626	onses are true and cal testing as well a pords for at least a year. The second of the	accurate. It is not physical example it is physical example it.) ical appearance ECORD HEALTH CARE PI Name of By (print signature) Name of	Date ROVIDER) Facility: Paufic Facility: Per August Augus	Center and many symptoms of the symptoms of th	y including
9. Have you had any illness or phy your job responsibilities? If yes, acknowledge that I have read the above and hysician of my skin test positive status and out not limited to the above (Please retain a supplementary). Employee Signature have reviewed the above information supplementary in the suppl	TB THIS SECTION TO B R Forea R UN UNU Color	onses are true and cal testing as well a product of the control of	ical appearance ECORD HEALTH CARE PI By (print Signature	Date ROVIDER) Facility: Paufic Facility: Per August Augus	Center and many symptoms of the symptoms of th	y including
9. Have you had any illness or phy your job responsibilities? If yes, acknowledge that I have read the above and onysician of my skin test positive status and out not limited to the above (Please retain a small place). Employee Signature have reviewed the above information suppositions and suppositions are supposited. Staff Signature Date Given: 812/23 Site: L_Lot No: Exp. Date	TB THIS SECTION TO B R Forea R For	onses are true and cal testing as well a product of the control of	accurate. It is not physical example it is physical example it.) ical appearance ECORD HEALTH CARE PI Name of By (print signature) Name of	Date ROVIDER) Facility: Paufic Grands Pauge 1 Date ROVIDER Facility: Paufic Grands Brands Brand	Center and many symptoms of the symptoms of th	y including
9. Have you had any illness or phy your job responsibilities? If yes, acknowledge that I have read the above and physician of my skin test positive status and pout not limited to the above (Please retain a status and pout not limited to the above information support incensed Medical Staff Signature Date Given: 8/23/23 Date Read: 8/25/2023 Date Read: 8/25/2023	TB THIS SECTION TO B R _ Forea R _ U 2026 ive _ mm mm	onses are true and cal testing as well a product of the control of	ical appearance ECORD HEALTH CARE PI Name of By (print is signature) Signature Right Signature Signature	Date ROVIDER) Facility: Paufic Grands Facility: Peters Dame: Dyname: Dyname: Dyname: Dyname Dyname: Dyname: Dyname Dyname: Dyname Dyname: Dyname Dyname: Dyname Dyname: Dyname Dyname Dyname: Dyname Dyname	Center and many symptoms of the symptoms of th	y including
9. Have you had any illness or phy your job responsibilities? If yes, acknowledge that I have read the above and ohysician of my skin test positive status and but not limited to the above (Please retain a limited to the above information support in the laboration of the above information support in the laboration of	TB THIS SECTION TO B R _ Forea R _ U 2026 ive _ mm mm	onses are true and cal testing as well a bords for at least a yell expression of the control of the control of the completed by the completed	ical appearance ECORD HEALTH CARE PI Name of By (print Signature Ray (print Signature Ray (print Signature	Date ROVIDER) Facility: PEC name): DIM Oba	Center and many symptoms of the symptoms of th	y including
9. Have you had any illness or phy your job responsibilities? If yes, acknowledge that I have read the above and ohysician of my skin test positive status and but not limited to the above (Please retain a limited to the above information support in the status and but not limited to the above information support in the status and but not limited to the above information support in the status and but not limited to the above information support in the status and but not limited to the above information support in the status and but not limited to the above information support in the status and but not limited to the above information support in the status and but not limited to the above information support in the status and but not limited to the above information support in the status and but not limited to the above (Please retain a limited to the above information support in the status and but not limited to the above information support in the status and but not limited to the above information support in the status and but not limited to the above information support in the status and but not limited to the above information support in the status and but not limited to the above information support in the status and but not limited to the above information support in the status and but not limited to the above information support in the status and but not limited to the above information support in the status and but not limited to the above information support in the status and but not limited to the above information support in the status and but not limited to the above information support in the status and but not limited to the above information support in the status and the sta	TB THIS SECTION TO B R _ Forea R _ U 2026 ive _ mm mm	onses are true and cal testing as well a bords for at least a yell accords for	accurate. It is ris physical example are.) ECORD HEALTH CARE PI Name of By (print Signature Name of By (print Signature rd:	Date ROVIDER) Facility: Paufic Grands Facility: Peters Dame: Dyname: Dyname: Dyname: Dyname Dyname: Dyname: Dyname Dyname: Dyname Dyname: Dyname Dyname: Dyname Dyname: Dyname Dyname Dyname: Dyname Dyname	Center and many symptoms of sy	y including