



Employee Tuberculin Testing Questionnaire

This form should be filled out by employees who have had a previous positive tuberculin skin test and who have a negative chest X-ray report on file in Human Resource Services.

The employee needs to answer whether the following symptoms have been experienced since the last *negative* chest X-ray:

	Yes	No
• a chronic cough lasting at least three weeks	<input type="checkbox"/>	<input type="checkbox"/>
• persistent night sweats	<input type="checkbox"/>	<input type="checkbox"/>
• coughed up or spit up blood	<input type="checkbox"/>	<input type="checkbox"/>
• involuntary weight loss	<input type="checkbox"/>	<input type="checkbox"/>
• a persistent fever	<input type="checkbox"/>	<input type="checkbox"/>

I, _____ (Print Name), understand that tuberculosis clearance is essential to my employment and failure to comply with mandatory tuberculosis testing may result in my removal from work, as well as be grounds for disciplinary action. Therefore, in accordance with Education Code §49406 and Governing Board Policies, I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Employee

Social Security Number

Work Site

Date