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| **Tuberculosis (TB) Screening** |
| **Active TB Screening:**[ ]  I do not have any of the below signs or symptoms of active pulmonary tuberculosis disease (that are not attributed to other medical diagnoses):* Cough (especially if lasting for 3 weeks or longer with or without sputum production)
* Coughing up blood (hemoptysis)
* Chest pain
* Loss of appetite
* Unexplained weight loss
* Night sweats
* Fever

**OR**[ ]  I have one or more of the above signs or symptoms of active pulmonary tuberculosis disease (that are not attributed to other medical diagnoses) & I agree to obtain a medical evaluation to exclude active TB.***Please upload your medical evaluation results under miscellaneous documents or provide to your assigned worker.*****Latent TB Screening:**[ ]  None of the below conditions for latent tuberculosis screening apply to me:* Born, live, or travel in a country with an elevated TB rate for at least one month
	+ - Includes countries where TB disease is common (most countries in Latin America, the Caribbean, Africa, Asia, Eastern Europe, and Russia.)
* Immunosuppression, current or planned
* Close contact to someone with infectious TB disease during a lifetime
* Have latent TB

**OR** [ ]  If one or more of the above conditions apply to me, I agree to obtain a TB test (PPD or blood test) to exclude latent TB.***Please upload your test results under miscellaneous documents or provide to your assigned worker.***[ ]  I know I have latent TB and agree to provide documentation from a medical provider excluding active TB. ***Please upload your documentation under miscellaneous documents or provide to your assigned worker.*** |
| **Signature** |
| APPLICANT NAME      | DATE OF BIRTH       |
| SIGNATURE | DATE      |