|  |  |
| --- | --- |
| **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 |