


FORM	P	
206	Revised	
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Community Services of Northeast Texas, Inc.

304 E.Houston • P.O. Box 427

Linden, Texas 75563



TB Questionnaire / Survey

Why do I have to fill out this form?

CSNT Personnel Policies and Procedures - Policy 183

All new employees will have a pre-employment TB skin test and/or chest x-ray; additionally every 12 months, each CSNT employee will be required to complete a confidential TB survey. (appropriate action will be taken based on the results of the screen).

State Minimum Standard Rules for Licensed Child-Care Centers - 746.901 (3)

a copy of a health care or physician's statement verifying the employee is free of active tuberculosis, if required by the regional Texas Department of State Health Services TB program or local health authority must be maintained in the employee's personnel file.

Head Start Performance Standards - 1302.93 (a)

Grantee and delegate agencies must assure that each staff member has an initial health examination (that includes screening for tuberculosis) and a periodic re-examination (as recommended by their health care provider or as mandated by State, Tribal, or local laws) so as to assure that they do not, because of communicable diseases, pose a significant risk to the health or safety of others in the Early Head Start or Head Start Preschool program that cannot be eliminated or reduced by reasonable accommodation. This requirement must be implemented consistent with the requirements of the Americans with Disabilities Act and section 504 of the Rehabilitation Act.

What is the purpose of this form?

This survey/questionnaire is to assess an adult individual's risk for TB infection or TB disease. TB is transmitted from one person to another through airborne droplets that are coughed or sneezed into the air and breathed in by another person who spends a lot of time with an infectious person. An individual can have TB infection but not have TB disease. TB infection (positive Skin test, no symptoms, chest x-ray normal) may cause TB disease in some people years later. TB infection is more likely to be transmitted in certain risk categories. TB disease in adults frequently causes symptoms. See your health care provider if you have unexplained symptoms.

Who gets this form, and how should I deliver it to them?

Directions: Please complete this confidential questionnaire / survey and return it in a **SEALED ENVELOPE** marked **PERSONAL and CONFIDENTIAL** to the Human Resources Department within ten (10) days. Head Start Campus Directors are required to keep a copy of this form in the employee/provider/volunteer confidential medical file.

You do not have to provide a YES or NO answer to the following questions, however, if you can answer YES to ANY of the questions below, you must mark the SCHEDULE ME box at the bottom.

- Have you lived or worked with anyone with TB disease? (see above)
- Were you born in or have you lived in or visited a country where there is a lot of TB?
(Asia, Africa, Central or South America, Eastern Europe)
- Have you been homeless or stayed in a shelter within the last 12 months?
- Have you been incarcerated or worked in a jail or prison within the last 12 months?
- Do you have any of the following **unexplained and untreated** conditions?

Cough for more than two weeks, loss of appetite, unexpected, rapid weight loss, chest pain, fever, chills or night sweats.

SCHEDULE ME for a TB screen. (Human Resources will contact you)

Printed Name	Work Location
Signature	Date
Please check one: Agency Employee <input type="checkbox"/> Service Provider <input type="checkbox"/> Volunteer/Other <input type="checkbox"/> _____	For office use