



Employee Health Services
 210 Lincoln Street
 Worcester, MA 01605

Last Name: _____ **First Name:** _____ **Gender:** _____
Date of Birth: _____ **Employee Number/MR #:** _____
Last 4 digits SS#: _____ **Position:** _____
Department: _____

HISTORY OF POSITIVE TST

COMPLETE THIS FORM IF YOU HAVE A HISTORY OF A POSITIVE TST
•TB infection without active disease is not contagious.

What if I have been vaccinated with BCG?

BCG is a vaccine for TB. This vaccine is often given to infants and small children in other countries where TB is common. If you were vaccinated with BCG, you may have a positive reaction to TST. This reaction may be due to the BCG or a real TB infection. Your health care provider will determine through x-ray and further investigation if you have the real TB infection.

Treatment:

Medication to treat the TB disease is available if the disease is present. The options and course of treatment will be discussed in detail if and when warranted.

If any of the symptoms below occur, and you have a history of a TB exposure or a positive TB test, contact your primary care provider or Employee Health Services.

Symptoms of TB Disease:

- Weakness or fatigue
- Cough, often coughing up blood
- Weight loss
- Chills
- Night sweats
- Fever

Please check applicable boxes:

I **DO NOT** display any signs and symptoms of TB disease.

OR

I **DO** display what may be symptoms of TB disease. I will follow up with Employee Health Services and my health care provider.

I would like to discuss the option of taking medication to treat inactive TB infection.

Phone # where I can be reached: _____.

I have taken (medication) _____ to treat inactive TB infection for (Timeframe) _____

I choose not to take medication to treat inactive TB infection.

Chest X-Ray:

CXR Date: _____

EMPLOYEE SIGNATURE: _____ **Date:** _____

PROVIDER SIGNATURE: _____ **Date:** _____

**Please interoffice mail to EHS, 210 Lincoln Street, Lower Level or
 Use Outlook E-mail at Employee HS@UMMHC.org**