



WESTWAYS STAFFING SERVICES, INC.

Tuberculosis Annual Screening Questionnaire

Employee Name: _____ Date: _____

Positive TB Skin Test (PPD) Date Given _____ Date Read: _____

Last Chest X-Ray Date: _____

Please indicate if you are having any of the following problems for three to four weeks or longer:

- 1. Chronic Cough (greater than 3 weeks) Yes___ No___
- 2. Production of Sputum Yes___ No___
- 3. Blood Streaked Sputum Yes___ No___
- 4. Unexplained Weight Loss Yes___ No___
- 5. Fever Yes___ No___
- 6. Fatigue/Tiredness Yes___ No___
- 7. Night Sweats Yes___ No___
- 8. Shortness of Breath Yes___ No___

Employee Signature

Date

I have examined the above patient and find no evidence of Pulmonary Tuberculosis or Contagium.

Physician Signature

Date

**PHYSICIAN'S OFFICE:
PLEASE PLACE YOUR OFFICIAL STAMP
HERE. THANK YOU. >>>>>>>>>>**

CORPORATE

3255 Wilshire Blvd., Suite 1602 · Los Angeles, CA 90010
Tel (213) 251-9489 · Fax (213) 251-9457

841 Mohawk Street, Suite 150 · Bakersfield, CA 93309
Tel (661) 323-8195 · Fax (661) 323 8197

3701 Executive Center Dr., Suite 151 · Austin, TX 78731
Tel (512) 464-1100 · Fax (512) 464-1101

9901 I-10, West, Suite 800 San Antonio, TX 78230
Tel (210) 957-6947 · Fax (210) 957-6948

2050 W. Chapman Ave, Suite 122 · Orange, CA 92868
Tel (714) 712-4150 · Fax (714) 712-4155

501 S. Rancho Dr., Suite F-40, Las Vegas, NV 89106
Tel (702) 734-5800 · Fax (702) 734-8003

4010 Orange Ave., Long Beach, CA 90807
Tel (562) 490-0410 · Fax (562) 427-5764

225 East Airport Dr., Suite 120 San Bernardino, CA 92408
Tel (909) 658-7655 · Fax (909) 658-7660

4411 Mercury St. Suite 210 · San Diego, CA 92111
Tel (858) 514-1244 · Fax (858) 514-1240

4350 E. Camelback Rd., Suite B240 · Phoenix, AZ 85018
Tel (602) 218-7770 · Fax (602) 218-7266

2125 Louisiana Blvd., NE, Suite 165 · Albuquerque, NM 87110
Tel (505) 255-0463 · Fax (505) 255-0621