

Lower Providence Emergency Medical Service Standard Operating Guidelines

Subject: Infection Control – Annual (TB) Screening
Questionnaire

SOG #300-001J

Initiated:
January 2022

Approved: Chief Christopher J. Reynolds

Revised: N/A

Annual Tuberculosis (TB) Screening Questionnaire

Since our risk is low for TB, the following questions must be answered each year as part of our annual TB surveillance program. This is performed so no possible exposures go unnoticed.

During the past year have you experienced or are you now experiencing any of the following signs or symptoms?

Weight Loss	Yes No No
Persistent Cough (2-3 weeks)	Yes □ No □
Fever / Night Sweats	Yes □ No □
Weakness / Fatigue	Yes □ No □
Coughing up blood	Yes □ No □
Signature:	Date:
Name:	FMC
Level of Certification	E.M.S.
DOB:	