



Tuberculosis (TB) Screening Questionnaire

ANSWER ALL QUESTIONS COMPLETELY

Name: _____ Phone # _____ Date of Birth: _____
 Job Title: _____ Department: _____
 Email Address: _____ Supervisor: _____

Have you ever received a BCG Vaccine? (Circle One) Yes No If yes, list date BCG given _____
 If yes, list date of 1st (+) test _____
 Have you ever had a positive (+) TB skin test? (Circle One) Yes No If no **STOP** and have a TB Skin Test placed.

If you've had a (+) TB skin test in the past, please answer the following:

- a. Did you see a physician knowledgeable in TB diagnosis and treatment? (Circle One) Yes No
 b. Did you have a chest X-ray after 2 years of your initial (+) TB skin test? (Circle One) Yes No
 When was your **last** chest X-ray done? _____ **Provide copies of your chest X-ray reports.**
 c. Were you prescribed medication to treat possible TB infection? (Circle One) Yes No
 If yes, please list the name and dose of the medication as well as the length of treatment.
 Medication Name: _____ Medication dose: _____ every _____ Length of treatment: _____ months

For "YES" responses, provide a brief explanation.

- In the past 3 months,
 - have you experienced recurrent, intermittent fevers?
 - have you experienced recurrent, intermittent chills?
 - have you experienced loss of appetite?
 - have you lost weight without trying? If YES, how much weight have you lost?
 - have you been unusually tired with normal daily activity?
 - have you experienced profuse sweating at night (so much that you change your bed clothes)?
 - Apart from colds, flu, or episodic bronchitis, have you had a cough lasting more than 3 weeks?
 - In the past 3 months, have you coughed up blood or blood-streaked sputum?
 - In the past year, have you had pneumonia or other serious lung disease? If yes please, describe:
5. Has anyone in your immediate family, someone you have close contact with, or patients you've provided care for had a positive TB skin test or been diagnosed with TB?
 If yes please, describe:

Yes	No

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Please list additional comments, concerns or information about your TB status here.

Employee Signature

Date Completed

Employee Health

Date Reviewed

RETURN TO:
UPH - Employee Health Rm. 543
2800 E. Ajo Way, Tucson, AZ 85713
Fax: (520) 874-3410