



From day one.

# TUBERCULOSIS SCREENING QUESTIONNAIRE FORM

## SECTION 1: INFORMATION/CONSENT

*Mycobacterium tuberculosis* (TB) is a disease which is carried through the air in small particles when people, who have active TB cough, sneeze, speak, or sing. It usually affects the lungs but can also affect the heart, kidneys, bones, and other organs of the body. The TUBERCULOSIS SKIN TEST (TST) is a way of identifying TB infection. You cannot get TB from the skin test. Health care workers are required to be screened regularly for TB. Depending on where you work, you may need to have annual TB skin test.

### SIDE EFFECTS:

If you have been exposed to TB in the past, swelling and redness may develop at the site of the test. A blister or scar may also result.

### PRECAUTIONS:

The TB skin test **should not be given to persons who have had a positive reaction in the past**, or who have had an active case of TB, or who have taken TB medications in the past. If this has happened to you, please tell the nurses prior to taking the skin test.

If you have any questions or do not understand this information, please discuss this with the nurse now.

**If you get a TB skin test, you MUST return to have your test read in 48 to 72 hours. Failure to have the test read will necessitate repeating the test.**

## SECTION 2: RISK ASSESSMENT *Please Circle Y" for Yes and "N" for No*

Have you ever had a <b>POSITIVE</b> reaction to a TB skin test? When? _____ Date of Last Chest x-ray? _____	Y	N
Have you ever had/been treated for, Tuberculosis? <b>When?</b> _____	Y	N
Have you had a <b>KNOWN</b> exposure to someone with <b>ACTIVE</b> Tuberculosis since your last TB Skin Test? <b>Who?</b> _____ <b>When?</b> _____	Y	N
Have you ever had an allergic reaction to a TB skin test? <b>Describe?</b> _____	Y	N
Have you been immunized against TB with BCG vaccine? (Common for those born in foreign countries)	Y	N
Have you had <b>Any</b> vaccines in the past <b>4 weeks</b> ? <b>What vaccine:</b> _____ <b>When:</b> _____	Y	N

Have you had temporary or permanent residence of $\geq$ 1 month in a country with high TB rates? Any country other than the U.S., Canada, Australia, New Zealand and those in Northern Europe or Western Europe	Y	N
Current or planned immunosuppression?	Y	N
Close contact with someone who has had infectious TB disease since your last TB test?	Y	N
<b>Do you have any of the following Tuberculosis symptoms:</b>		
<i>Persistent cough for longer than 2 weeks</i>	Y	N
<i>Coughing up blood</i>	Y	N
<i>Profuse night sweats</i>	Y	N
<i>Recurring, dull, tightness or aching pain in chest</i>	Y	N
<i>Loss of appetite</i>	Y	N
<i>Unexplained weight loss</i>	Y	N
<i>Chills and/or fever</i>	Y	N
<i>Extreme fatigue</i>	Y	N

**I have read and understand the above information on this form about tuberculosis skin testing. To the best of my knowledge the above answers are true. I give my consent to have the tuberculosis skin test.**

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Department: \_\_\_\_\_

Job Title: \_\_\_\_\_