TB Questionnaire

Please review and answer the following questions with the individual above:

l.	Have you had a history of temporary or permanent residence (for > 1 month) in a country with a high TB rate (i.e., any country other than Australia, Canada, New Zealand, the United States, and those in Western or Northern Europe)?
	If yes, when?
2.	Do you have a current or planned immunosuppression, including human immunodeficiency virus infection, receipt of an organ transpla treatment with a tumor necrosis factor (TNF)-alpha antagonist (e.g., infliximab, elanercept, or other) chronic steroids (equivalent of prednisone > 15mg/day for >1 month) or other immunosuppressive medication?
3.	Have you had close contact with someone who has had infectious TB disease since your last TB test? If yes, when?
4.	. Have you had a prior bacille Calmette-Guerin (BCG Vaccination?)
	If yes, when?
5.	. Have you ever been diagnosed with Latent TB infection (LTBI)? If yes, when?
6.	Have you ever been treated for Latent TB infection (LTBI)? If yes, when?
7.	Have you ever been diagnosed with TB infection (TB)? If yes, when?
8.	Have you ever been treated for TB infection (TB)? If yes, when?
9.	Have you had any prior diagnostic testing for TB disease? If yes, when? Result:
10.	Have you ever had a tuberculin skin test (TST)?
	If yes, when?Result:
11	. When was your last chest x-ray?
	Date:Result:
	Never had a chest x-ray done:
12.	Do you currently have any of the following symptoms?
	Productive cough for more than 3 weeks
	Coughing up blood
	Unexplained weight loss
	Fever, chills, or drenching night sweats for no known
	reason
	Persistent shortness of breath
	Unexplained fatigue for more than 3 weeks
	Chest Pain
Emį	ployee Name:
Em	ployee Signature: Date:
СО	MPLETED AND REVIEWED BY:
NA	ME:MD/RN/PA/NP
	nature:Date:
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Follow up not required/ Cleared to Work: