



Tuberculosis Screening Form

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Birth Country: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_ Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Sex: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Consent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

TB Symptom Review: [ ] Denies Any Symptoms [ ] Fever [ ] Unexplained Weight Loss [ ] Night Sweats
[ ] Chills [ ] Cough [ ] Productive Cough [ ] Coughing Blood

Previous Testing/Treatment: Date and results of previous tuberculin skin test (TST): \_\_\_\_\_

History of treatment of TB infection or disease: [ ] No [ ] Yes If yes, dates of drug start/stop: \_\_\_\_\_

Medication received: \_\_\_\_\_ Completed Prescribed Course: [ ] Yes [ ] No

History of prior exposure to someone with TB disease: [ ] No [ ] Yes Names/Dates: \_\_\_\_\_

History that may increase chance of prior exposure to someone with TB disease. Please check all that apply:

- [ ] Residence or travel in country where TB is common Place/Dates: \_\_\_\_\_
[ ] Resident or employee of correctional facility Place/Dates: \_\_\_\_\_
[ ] Resident or employee of homeless shelter Place/Dates: \_\_\_\_\_
[ ] Resident or volunteer in disaster shelter Place/Dates: \_\_\_\_\_
[ ] Resident of long term care facility Place/Dates: \_\_\_\_\_
[ ] Health care worker Place/Dates: \_\_\_\_\_
[ ] Injection drug use

Certain conditions may result in a false-negative result to the tuberculin skin test (TST). Please check all that apply:

- [ ] HIV infection
[ ] Receiving corticosteroids, arthritis medications (e.g., Remicaid, Humira or Enbrel) or other immunosuppressive therapy
[ ] Immunization in the last 6 weeks with a live virus vaccine (MMR, Varicella)
[ ] Illness in the last 6 weeks with rubeola, influenza, mumps, etc. Comment: \_\_\_\_\_

Are you pregnant or trying to become pregnant? [ ] Yes [ ] No Comment: \_\_\_\_\_

Some conditions increase the chance of developing TB disease if you are infected with TB. Please check all that apply:

- [ ] Diabetes mellitus [ ] HIV infection or AIDS [ ] Gastrectomy or jejunioileal bypass
[ ] Age less than 5 years [ ] Silicosis [ ] Chronic renal failure or on hemodialysis
[ ] Leukemias/lymphomas [ ] Cancer of head/neck/lung [ ] Weight 10% less than ideal body weight
[ ] Solid organ transplant [ ] Prolonged use of drugs such as prednisone, Remicaid, Humira or Enbrel

Type of Recent Exposure (if indicated)

- [ ] Exposure during medical procedure
[ ] Exposure in congregate setting
[ ] Exposure in household of person with TB disease
[ ] Other \_\_\_\_\_

Age

- [ ] Age < 5 years
[ ] Age 5-15 years
[ ] Age > 15 years

[ ] Not Applicable (No recent exposure)

