

Tuberculosis Questionnaires

Name _____ Date of Birth: _____

Phone Number: _____ Sex _____

Read Carefully! All questions must be answered by all staff whether they have a (-) or (+) PPD.

(-) Negative PPD, fill out questionnaire and have PPD done

(+) Positive PPD, fill out questionnaire and please have a chest x-ray

1. **Yes No** Have you had any new problem, which currently is infectious or would prevent you from performing your assigned duties at this time? If "yes" please describe:

2. **Yes No** Have you had an unexplained weight loss in the last year? If "yes", please describe : _____
3. **Yes No** Do you have a persistent cough (lasting 3 weeks or more)?
4. **Yes No** Do you cough up blood?
5. **Yes No** Do you have persistent, unexplained fevers or night sweats?
6. **Yes No** Do you have a rash? If "yes", how long? _____
7. **Yes No** Have you seen a doctor for any of the above? If "yes", which numbered item?

8. **Yes No** Do you have any reason to believe that your immune system may been altered or damaged due to any of the following conditions or medications, which could increase your risk for tuberculosis (i.e. cancer, sarcoidosis, HIV/AIDS, chemotherapy, chronic steroid therapy or medications to prevent transplant rejection)?
9. **Yes No** If you have a positive TB test, do you also have any one of the following conditions (you do not have to divulge your medical diagnosis); part of your stomach removed, underweight/malnourished, infection with the AIDS virus or a risk for it, diabetes, silicosis lung disease, leukemia or lymphoma, kidney failure, head/neck cancer?
10. **Yes No** Have you completed the hepatitis B vaccine series? How many shots have you had? _____
11. **Yes No** Do you handle IV cytotoxic (chemotherapy) drugs as part of your work assignment? **Example: Prepare, administer or handle at least once per week.**
12. **Yes No** Do you work with lasers? Type _____
13. **Yes No** Have you had any skin or other reaction after contact with latex gloves or other latex products?

Signature _____ **Date** _____