



## Human Resources

### Center for Employee Health and Wellness

#### TUBERCULOSIS QUESTIONNAIRE

Name	Employee ID# or SSN	Today's Date
Department	Division	
Signature	Primary Phone	

**Please answer all of the following questions**

- Have you ever had a **positive** TB test?  Yes  No
- Have you been around an individual with TB within the last 12 months?  Yes  No
- Have you ever received a BCG Vaccination? *(A TB vaccination given to those born in another country)*  Yes  No
- Have you had any unexplained weight loss in the last year?  Yes  No
- Have you noticed a decrease in your appetite?  Yes  No
- Have you noticed an increase in coughing other than that associated with a brief illness?  Yes  No  
*(Other than cold or flu)*
- Have you had any color or consistency changes in, or increased production of your sputum?  Yes  No
- Do you have persistent unexplained fevers or night sweats?  Yes  No
- If you answered yes to any questions, please explain:

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**Administration Record**

1. Mantoux PPD Skin Test (5 t.u./0.1ml/dose)	Vial lot number	Expiration Date
Date PPD#1 Given     /     /	Given by	Site (Forearm) <input type="checkbox"/> L <input type="checkbox"/> R
Time given	<input type="checkbox"/> PH <input type="checkbox"/> Other <input type="checkbox"/> CEHW	Clinic Site
Date PPD#1 Read     /     /	Read by	Result     mm/Induration
Time PPD#2 Read	<input type="checkbox"/> PH <input type="checkbox"/> Other <input type="checkbox"/> CEHW	Clinic Site

2. Mantoux PPD Skin Test (5 t.u./0.1ml/dose)	Vial lot number	Expiration Date
Date PPD#1 Given     /     /	Given by	Site (Forearm) <input type="checkbox"/> L <input type="checkbox"/> R
Time given	<input type="checkbox"/> PH <input type="checkbox"/> Other <input type="checkbox"/> CEHW	Clinic Site
Date PPD#1 Read     /     /	Read by	Result     mm/Induration
Time PPD#2 Read	<input type="checkbox"/> PH <input type="checkbox"/> Other <input type="checkbox"/> CEHW	Clinic Site

QuantiFERON Test Ordered     /     /	Test Results	CXR
MR#	Verified by	Date

**Follow-up Required**    Chest X-ray ordered    Referred to Primary Care Provider    Public Health Department