

Tuberculosis Screening Symptom Questionnaire

Name: _____ ID #: _____ Birthdate: _____

In the past year, have you experienced any of the following symptoms **NOT** associated with a specific illness (i.e. cold or flu) and lasting more than 3 weeks? Comments: _____

- | | | | |
|---|------------------------------|-----------------------------|-------|
| Cough | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Blood Streaked Sputum | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Unplanned Weight Loss | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Night Sweats (excluding Menopause) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Fever | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| Have a condition or take medications which affect your immune system (i.e. steroids)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |

****PLEASE NOTE:** If you have a suppressed immune system, you will need a TB Skin Test (TST). TST's are only offered Mon, Tue, Wed & Fri. The TST will need to be placed AND read before your annual is considered complete.

Signature: _____ Date: _____

Employee & Corporate Health Use ONLY:

- PH Employee Contracted Staff Volunteer
 Medical Staff Corporate Pathmaker

1. Client meets criteria for QFT TB screening?

- Yes No (Do TST)

2. PPD: Tubersol (0.1 ml 5TU Intradermal) Lot: _____ Exp: _____
Date Placed: _____ Site: _____ Given by: _____
Date Read: _____ Induration: _____ mm Read by: _____

2-step required: No Yes (PPD: Tubersol 0.1 ml 5TU Intradermal) Lot: _____ Exp: _____
Date Placed: _____ Site: _____ Given by: _____
Date Read: _____ Induration: _____ mm Read by: _____

PPD Conversion Date: _____ PPD: _____ mm Chest X-ray Date: _____ Results: _____

QFT Conversion Date: _____ QFT: _____ Chest X-ray Date: _____ Results: _____

- MEDICALLY CLEARED FOR WORK
 FURTHER EVALUATION REQUIRED

Clinician Signature: _____ Date: _____

- Client reminded to report any TB symptoms