Pacific Health Services

Name: _____

ID#:_____

Major:_____

Annual Tuberculosis (TB) Screening Questionnaire

HEALTH SCIENCE STUDENTS

1. Do you have any of the following symptoms? (mark yes or no for each)

   Cough (especially if lasting for 3 weeks or longer) with or without sputum production ☐ Yes ☐ No

   Coughing up blood (hemoptysis) ☐ Yes ☐ No

   Chest pain ☐ Yes ☐ No

   Loss of appetite ☐ Yes ☐ No

   Unexplained weight loss ☐ Yes ☐ No

   Night sweats ☐ Yes ☐ No

   Fever ☐ Yes ☐ No

2. Have you had a BCG vaccine? ☐ Yes ☐ No

3. Have you ever had a positive PPD test or IGRA blood test? ☐ Yes ☐ No

4. Have you ever had close contact with persons known or suspected to have active TB disease? ☐ Yes ☐ No

5. List the country in which you were born. _____

6. List the countries in which you have spent more than two weeks in the past five years.

   _____

   _____

7. Have you been a resident, volunteer, and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, homeless shelters, medically underserved, low-income, or abusing drugs or alcohol)? ☐ Yes ☐ No

8. If any yes answers, please explain: _____

   _____

   _____

Student Signature: _____ Date:_____

Reviewed by: _____ Date:_____