Tuberculosis (TB) SCREENING QUESTIONNAIRE

NAME: _____ DOB (month/day/year): _____

1.) For TB skin test only (not blood test), you must return in 48 to 72 hours for medical staff to interpret your results. Will this time frame be a problem?	**YES**	**NO**	**N/A**
2.) Have you ever had a positive TB skin test? If answer is "NO", please skip to question 3. If "YES", did you have a chest x-ray? If "Yes", were you treated with medication?	**YES** **YES** **YES**	**NO** **NO** **NO**	**Don't know** **Don't know** **Don't know**
3.) Have you ever had a severe reaction to a TB skin test?	**YES**	**NO**	**Don't know**
4.) Were you born outside of the United States? If "YES", have you had the BCG (TB) vaccine	**YES** **YES**	**NO** **NO**	**Don't know** **Don't Know**
5.) Have you been in contact with someone who had TB disease?	**YES**	**NO**	**Don't know**
6.) Have you ever used injection drugs?	**YES**	**NO**	**Don't know**
7.) Do you have HIV/AIDS?	**YES**	**NO**	**Don't know**
8.) Do you have any diseases that could affect your immune system such as cancer, leukemia or other?	**YES**	**NO**	**Don't know**
9.) Have you had any LIVE vaccines in the past 30 days? (Varicella, Shingles, MMR, Yellow Fever)	**YES**	**NO**	**Don't know**

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_____ _____

PATIENT SIGNATURE TODAY'S DATE

Tuberculosis (TB) SCREENING QUESTIONNAIRE

NAME: _____ DOB (month/day/year): _____

1.) For TB skin test only (not blood test), you must return in 48 to 72 hours for medical staff to interpret your results. Will this time frame be a problem?	**YES**	**NO**	**N/A**
2.) Have you ever had a positive TB skin test? If answer is "NO", please skip to question 3. If "YES", did you have a chest x-ray? If "Yes", were you treated with medication?	**YES** **YES** **YES**	**NO** **NO** **NO**	**Don't know** **Don't know** **Don't know**
3.) Have you ever had a severe reaction to a TB skin test?	**YES**	**NO**	**Don't know**
4.) Were you born outside of the United States? If "YES", have you had the BCG (TB) vaccine	**YES** **YES**	**NO** **NO**	**Don't know** **Don't Know**
5.) Have you been in contact with someone who had TB disease?	**YES**	**NO**	**Don't know**
6.) Have you ever used injection drugs?	**YES**	**NO**	**Don't know**
7.) Do you have HIV/AIDS?	**YES**	**NO**	**Don't know**
8.) Do you have any diseases that could affect your immune system such as cancer, leukemia or other?	**YES**	**NO**	**Don't know**
9.) Have you had any LIVE vaccines in the past 30 days? (Varicella, Shingles, MMR, Yellow Fever)	**YES**	**NO**	**Don't know**

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PATIENT SIGNATURE TODAY'S DATE

Tuberculosis (TB) SCREENING QUESTIONNAIRE

NAME: _____ DOB (month/day/year): _____

1.) For TB skin test only (not blood test), you must return in 48 to 72 hours for medical staff to interpret your results. Will this time frame be a problem?	**YES**	**NO**	**N/A**
2.) Have you ever had a positive TB skin test? If answer is "NO", please skip to question 3. If "YES", did you have a chest x-ray? If "Yes", were you treated with medication?	**YES** **YES** **YES**	**NO** **NO** **NO**	**Don't know** **Don't know** **Don't know**
3.) Have you ever had a severe reaction to a TB skin test?	**YES**	**NO**	**Don't know**
4.) Were you born outside of the United States? If "YES", have you had the BCG (TB) vaccine	**YES** **YES**	**NO** **NO**	**Don't know** **Don't Know**
5.) Have you been in contact with someone who had TB disease?	**YES**	**NO**	**Don't know**
6.) Have you ever used injection drugs?	**YES**	**NO**	**Don't know**
7.) Do you have HIV/AIDS?	**YES**	**NO**	**Don't know**
8.) Do you have any diseases that could affect your immune system such as cancer, leukemia or other?	**YES**	**NO**	**Don't know**
9.) Have you had any LIVE vaccines in the past 30 days? (Varicella, Shingles, MMR, Yellow Fever)	**YES**	**NO**	**Don't know**

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PATIENT SIGNATURE TODAY'S DATE

Tuberculosis (TB) SCREENING QUESTIONNAIRE

NAME: _____ DOB (month/day/year): _____

1.) For TB skin test only (not blood test), you must return in 48 to 72 hours for medical staff to interpret your results. Will this time frame be a problem?	**YES**	**NO**	**N/A**
2.) Have you ever had a positive TB skin test? If answer is "NO", please skip to question 3. If "YES", did you have a chest x-ray? If "Yes", were you treated with medication?	**YES** **YES** **YES**	**NO** **NO** **NO**	**Don't know** **Don't know** **Don't know**
3.) Have you ever had a severe reaction to a TB skin test?	**YES**	**NO**	**Don't know**
4.) Were you born outside of the United States? If "YES", have you had the BCG (TB) vaccine	**YES** **YES**	**NO** **NO**	**Don't know** **Don't Know**
5.) Have you been in contact with someone who had TB disease?	**YES**	**NO**	**Don't know**
6.) Have you ever used injection drugs?	**YES**	**NO**	**Don't know**
7.) Do you have HIV/AIDS?	**YES**	**NO**	**Don't know**
8.) Do you have any diseases that could affect your immune system such as cancer, leukemia or other?	**YES**	**NO**	**Don't know**
9.) Have you had any LIVE vaccines in the past 30 days? (Varicella, Shingles, MMR, Yellow Fever)	**YES**	**NO**	**Don't know**

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PATIENT SIGNATURE TODAY'S DATE

Tuberculosis (TB) SCREENING QUESTIONNAIRE

NAME: _____ DOB (month/day/year): _____

1.) For TB skin test only (not blood test), you must return in 48 to 72 hours for medical staff to interpret your results. Will this time frame be a problem?	**YES**	**NO**	**N/A**
2.) Have you ever had a positive TB skin test? If answer is "NO", please skip to question 3. If "YES", did you have a chest x-ray? If "Yes", were you treated with medication?	**YES** **YES** **YES**	**NO** **NO** **NO**	**Don't know** **Don't know** **Don't know**
3.) Have you ever had a severe reaction to a TB skin test?	**YES**	**NO**	**Don't know**
4.) Were you born outside of the United States? If "YES", have you had the BCG (TB) vaccine	**YES** **YES**	**NO** **NO**	**Don't know** **Don't Know**
5.) Have you been in contact with someone who had TB disease?	**YES**	**NO**	**Don't know**
6.) Have you ever used injection drugs?	**YES**	**NO**	**Don't know**
7.) Do you have HIV/AIDS?	**YES**	**NO**	**Don't know**
8.) Do you have any diseases that could affect your immune system such as cancer, leukemia or other?	**YES**	**NO**	**Don't know**
9.) Have you had any LIVE vaccines in the past 30 days? (Varicella, Shingles, MMR, Yellow Fever)	**YES**	**NO**	**Don't know**

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PATIENT SIGNATURE TODAY'S DATE

Tuberculosis (TB) SCREENING QUESTIONNAIRE

NAME: _____ DOB (month/day/year): _____

1.) For TB skin test only (not blood test), you must return in 48 to 72 hours for medical staff to interpret your results. Will this time frame be a problem?	**YES**	**NO**	**N/A**
2.) Have you ever had a positive TB skin test? If answer is "NO", please skip to question 3. If "YES", did you have a chest x-ray? If "Yes", were you treated with medication?	**YES** **YES** **YES**	**NO** **NO** **NO**	**Don't know** **Don't know** **Don't know**
3.) Have you ever had a severe reaction to a TB skin test?	**YES**	**NO**	**Don't know**
4.) Were you born outside of the United States? If "YES", have you had the BCG (TB) vaccine	**YES** **YES**	**NO** **NO**	**Don't know** **Don't Know**
5.) Have you been in contact with someone who had TB disease?	**YES**	**NO**	**Don't know**
6.) Have you ever used injection drugs?	**YES**	**NO**	**Don't know**
7.) Do you have HIV/AIDS?	**YES**	**NO**	**Don't know**
8.) Do you have any diseases that could affect your immune system such as cancer, leukemia or other?	**YES**	**NO**	**Don't know**
9.) Have you had any LIVE vaccines in the past 30 days? (Varicella, Shingles, MMR, Yellow Fever)	**YES**	**NO**	**Don't know**

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PATIENT SIGNATURE TODAY'S DATE

Tuberculosis (TB) SCREENING QUESTIONNAIRE

NAME: _____ DOB (month/day/year): _____

1.) For TB skin test only (not blood test), you must return in 48 to 72 hours for medical staff to interpret your results. Will this time frame be a problem?	**YES**	**NO**	**N/A**
2.) Have you ever had a positive TB skin test? If answer is "NO", please skip to question 3. If "YES", did you have a chest x-ray? If "Yes", were you treated with medication?	**YES** **YES** **YES**	**NO** **NO** **NO**	**Don't know** **Don't know** **Don't know**
3.) Have you ever had a severe reaction to a TB skin test?	**YES**	**NO**	**Don't know**
4.) Were you born outside of the United States? If "YES", have you had the BCG (TB) vaccine	**YES** **YES**	**NO** **NO**	**Don't know** **Don't Know**
5.) Have you been in contact with someone who had TB disease?	**YES**	**NO**	**Don't know**
6.) Have you ever used injection drugs?	**YES**	**NO**	**Don't know**
7.) Do you have HIV/AIDS?	**YES**	**NO**	**Don't know**
8.) Do you have any diseases that could affect your immune system such as cancer, leukemia or other?	**YES**	**NO**	**Don't know**
9.) Have you had any LIVE vaccines in the past 30 days? (Varicella, Shingles, MMR, Yellow Fever)	**YES**	**NO**	**Don't know**

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PATIENT SIGNATURE TODAY'S DATE

Tuberculosis (TB) SCREENING QUESTIONNAIRE

NAME: _____ DOB (month/day/year): _____

1.) For TB skin test only (not blood test), you must return in 48 to 72 hours for medical staff to interpret your results. Will this time frame be a problem?	**YES**	**NO**	**N/A**
2.) Have you ever had a positive TB skin test? If answer is "NO", please skip to question 3. If "YES", did you have a chest x-ray? If "Yes", were you treated with medication?	**YES** **YES** **YES**	**NO** **NO** **NO**	**Don't know** **Don't know** **Don't know**
3.) Have you ever had a severe reaction to a TB skin test?	**YES**	**NO**	**Don't know**
4.) Were you born outside of the United States? If "YES", have you had the BCG (TB) vaccine	**YES** **YES**	**NO** **NO**	**Don't know** **Don't Know**
5.) Have you been in contact with someone who had TB disease?	**YES**	**NO**	**Don't know**
6.) Have you ever used injection drugs?	**YES**	**NO**	**Don't know**
7.) Do you have HIV/AIDS?	**YES**	**NO**	**Don't know**
8.) Do you have any diseases that could affect your immune system such as cancer, leukemia or other?	**YES**	**NO**	**Don't know**
9.) Have you had any LIVE vaccines in the past 30 days? (Varicella, Shingles, MMR, Yellow Fever)	**YES**	**NO**	**Don't know**

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Tuberculosis (TB) SCREENING QUESTIONNAIRE

NAME: _____ DOB (month/day/year): _____

1.) For TB skin test only (not blood test), you must return in 48 to 72 hours for medical staff to interpret your results. Will this time frame be a problem?	**YES**	**NO**	**N/A**
2.) Have you ever had a positive TB skin test? If answer is "NO", please skip to question 3. If "YES", did you have a chest x-ray? If "Yes", were you treated with medication?	**YES** **YES** **YES**	**NO** **NO** **NO**	**Don't know** **Don't know** **Don't know**
3.) Have you ever had a severe reaction to a TB skin test?	**YES**	**NO**	**Don't know**
4.) Were you born outside of the United States? If "YES", have you had the BCG (TB) vaccine	**YES** **YES**	**NO** **NO**	**Don't know** **Don't Know**
5.) Have you been in contact with someone who had TB disease?	**YES**	**NO**	**Don't know**
6.) Have you ever used injection drugs?	**YES**	**NO**	**Don't know**
7.) Do you have HIV/AIDS?	**YES**	**NO**	**Don't know**
8.) Do you have any diseases that could affect your immune system such as cancer, leukemia or other?	**YES**	**NO**	**Don't know**
9.) Have you had any LIVE vaccines in the past 30 days? (Varicella, Shingles, MMR, Yellow Fever)	**YES**	**NO**	**Don't know**

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PATIENT SIGNATURE TODAY'S DATE

Tuberculosis (TB) SCREENING QUESTIONNAIRE

NAME: _____ DOB (month/day/year): _____

1.) For TB skin test only (not blood test), you must return in 48 to 72 hours for medical staff to interpret your results. Will this time frame be a problem?	**YES**	**NO**	**N/A**
2.) Have you ever had a positive TB skin test? If answer is "NO", please skip to question 3. If "YES", did you have a chest x-ray? If "Yes", were you treated with medication?	**YES** **YES** **YES**	**NO** **NO** **NO**	**Don't know** **Don't know** **Don't know**
3.) Have you ever had a severe reaction to a TB skin test?	**YES**	**NO**	**Don't know**
4.) Were you born outside of the United States? If "YES", have you had the BCG (TB) vaccine	**YES** **YES**	**NO** **NO**	**Don't know** **Don't Know**
5.) Have you been in contact with someone who had TB disease?	**YES**	**NO**	**Don't know**
6.) Have you ever used injection drugs?	**YES**	**NO**	**Don't know**
7.) Do you have HIV/AIDS?	**YES**	**NO**	**Don't know**
8.) Do you have any diseases that could affect your immune system such as cancer, leukemia or other?	**YES**	**NO**	**Don't know**
9.) Have you had any LIVE vaccines in the past 30 days? (Varicella, Shingles, MMR, Yellow Fever)	**YES**	**NO**	**Don't know**

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PATIENT SIGNATURE TODAY'S DATE

Tuberculosis (TB) SCREENING QUESTIONNAIRE

NAME: _____ DOB (month/day/year): _____

1.) For TB skin test only (not blood test), you must return in 48 to 72 hours for medical staff to interpret your results. Will this time frame be a problem?	**YES**	**NO**	**N/A**
2.) Have you ever had a positive TB skin test? If answer is "NO", please skip to question 3. If "YES", did you have a chest x-ray? If "Yes", were you treated with medication?	**YES** **YES** **YES**	**NO** **NO** **NO**	**Don't know** **Don't know** **Don't know**
3.) Have you ever had a severe reaction to a TB skin test?	**YES**	**NO**	**Don't know**
4.) Were you born outside of the United States? If "YES", have you had the BCG (TB) vaccine	**YES** **YES**	**NO** **NO**	**Don't know** **Don't Know**
5.) Have you been in contact with someone who had TB disease?	**YES**	**NO**	**Don't know**
6.) Have you ever used injection drugs?	**YES**	**NO**	**Don't know**
7.) Do you have HIV/AIDS?	**YES**	**NO**	**Don't know**
8.) Do you have any diseases that could affect your immune system such as cancer, leukemia or other?	**YES**	**NO**	**Don't know**
9.) Have you had any LIVE vaccines in the past 30 days? (Varicella, Shingles, MMR, Yellow Fever)	**YES**	**NO**	**Don't know**

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PATIENT SIGNATURE TODAY'S DATE

Tuberculosis (TB) SCREENING QUESTIONNAIRE

NAME: _____ DOB (month/day/year): _____

1.) For TB skin test only (not blood test), you must return in 48 to 72 hours for medical staff to interpret your results. Will this time frame be a problem?	**YES**	**NO**	**N/A**
2.) Have you ever had a positive TB skin test? If answer is "NO", please skip to question 3. If "YES", did you have a chest x-ray? If "Yes", were you treated with medication?	**YES** **YES** **YES**	**NO** **NO** **NO**	**Don't know** **Don't know** **Don't know**
3.) Have you ever had a severe reaction to a TB skin test?	**YES**	**NO**	**Don't know**
4.) Were you born outside of the United States? If "YES", have you had the BCG (TB) vaccine	**YES** **YES**	**NO** **NO**	**Don't know** **Don't Know**
5.) Have you been in contact with someone who had TB disease?	**YES**	**NO**	**Don't know**
6.) Have you ever used injection drugs?	**YES**	**NO**	**Don't know**
7.) Do you have HIV/AIDS?	**YES**	**NO**	**Don't know**
8.) Do you have any diseases that could affect your immune system such as cancer, leukemia or other?	**YES**	**NO**	**Don't know**
9.) Have you had any LIVE vaccines in the past 30 days? (Varicella, Shingles, MMR, Yellow Fever)	**YES**	**NO**	**Don't know**

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PATIENT SIGNATURE TODAY'S DATE

Tuberculosis (TB) SCREENING QUESTIONNAIRE

NAME: _____ DOB (month/day/year): _____

1.) For TB skin test only (not blood test), you must return in 48 to 72 hours for medical staff to interpret your results. Will this time frame be a problem?	**YES**	**NO**	**N/A**
2.) Have you ever had a positive TB skin test? If answer is "NO", please skip to question 3. If "YES", did you have a chest x-ray? If "Yes", were you treated with medication?	**YES** **YES** **YES**	**NO** **NO** **NO**	**Don't know** **Don't know** **Don't know**
3.) Have you ever had a severe reaction to a TB skin test?	**YES**	**NO**	**Don't know**
4.) Were you born outside of the United States? If "YES", have you had the BCG (TB) vaccine	**YES** **YES**	**NO** **NO**	**Don't know** **Don't Know**
5.) Have you been in contact with someone who had TB disease?	**YES**	**NO**	**Don't know**
6.) Have you ever used injection drugs?	**YES**	**NO**	**Don't know**
7.) Do you have HIV/AIDS?	**YES**	**NO**	**Don't know**
8.) Do you have any diseases that could affect your immune system such as cancer, leukemia or other?	**YES**	**NO**	**Don't know**
9.) Have you had any LIVE vaccines in the past 30 days? (Varicella, Shingles, MMR, Yellow Fever)	**YES**	**NO**	**Don't know**

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Tuberculosis (TB) SCREENING QUESTIONNAIRE

NAME: _____ DOB (month/day/year): _____

1.) For TB skin test only (not blood test), you must return in 48 to 72 hours for medical staff to interpret your results. Will this time frame be a problem?	**YES**	**NO**	**N/A**
2.) Have you ever had a positive TB skin test? If answer is "NO", please skip to question 3. If "YES", did you have a chest x-ray? If "Yes", were you treated with medication?	**YES** **YES** **YES**	**NO** **NO** **NO**	**Don't know** **Don't know** **Don't know**
3.) Have you ever had a severe reaction to a TB skin test?	**YES**	**NO**	**Don't know**
4.) Were you born outside of the United States? If "YES", have you had the BCG (TB) vaccine	**YES** **YES**	**NO** **NO**	**Don't know** **Don't Know**
5.) Have you been in contact with someone who had TB disease?	**YES**	**NO**	**Don't know**
6.) Have you ever used injection drugs?	**YES**	**NO**	**Don't know**
7.) Do you have HIV/AIDS?	**YES**	**NO**	**Don't know**
8.) Do you have any diseases that could affect your immune system such as cancer, leukemia or other?	**YES**	**NO**	**Don't know**
9.) Have you had any LIVE vaccines in the past 30 days? (Varicella, Shingles, MMR, Yellow Fever)	**YES**	**NO**	**Don't know**

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Tuberculosis (TB) SCREENING QUESTIONNAIRE

NAME: _____ DOB (month/day/year): _____

1.) For TB skin test only (not blood test), you must return in 48 to 72 hours for medical staff to interpret your results. Will this time frame be a problem?	**YES**	**NO**	**N/A**
2.) Have you ever had a positive TB skin test? If answer is "NO", please skip to question 3. If "YES", did you have a chest x-ray? If "Yes", were you treated with medication?	**YES** **YES** **YES**	**NO** **NO** **NO**	**Don't know** **Don't know** **Don't know**
3.) Have you ever had a severe reaction to a TB skin test?	**YES**	**NO**	**Don't know**
4.) Were you born outside of the United States? If "YES", have you had the BCG (TB) vaccine	**YES** **YES**	**NO** **NO**	**Don't know** **Don't Know**
5.) Have you been in contact with someone who had TB disease?	**YES**	**NO**	**Don't know**
6.) Have you ever used injection drugs?	**YES**	**NO**	**Don't know**
7.) Do you have HIV/AIDS?	**YES**	**NO**	**Don't know**
8.) Do you have any diseases that could affect your immune system such as cancer, leukemia or other?	**YES**	**NO**	**Don't know**
9.) Have you had any LIVE vaccines in the past 30 days? (Varicella, Shingles, MMR, Yellow Fever)	**YES**	**NO**	**Don't know**

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PATIENT SIGNATURE TODAY'S DATE

Tuberculosis (TB) SCREENING QUESTIONNAIRE

NAME: _____ DOB (month/day/year): _____

1.) For TB skin test only (not blood test), you must return in 48 to 72 hours for medical staff to interpret your results. Will this time frame be a problem?	**YES**	**NO**	**N/A**
2.) Have you ever had a positive TB skin test? If answer is "NO", please skip to question 3. If "YES", did you have a chest x-ray? If "Yes", were you treated with medication?	**YES** **YES** **YES**	**NO** **NO** **NO**	**Don't know** **Don't know** **Don't know**
3.) Have you ever had a severe reaction to a TB skin test?	**YES**	**NO**	**Don't know**
4.) Were you born outside of the United States? If "YES", have you had the BCG (TB) vaccine	**YES** **YES**	**NO** **NO**	**Don't know** **Don't Know**
5.) Have you been in contact with someone who had TB disease?	**YES**	**NO**	**Don't know**
6.) Have you ever used injection drugs?	**YES**	**NO**	**Don't know**
7.) Do you have HIV/AIDS?	**YES**	**NO**	**Don't know**
8.) Do you have any diseases that could affect your immune system such as cancer, leukemia or other?	**YES**	**NO**	**Don't know**
9.) Have you had any LIVE vaccines in the past 30 days? (Varicella, Shingles, MMR, Yellow Fever)	**YES**	**NO**	**Don't know**

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Tuberculosis (TB) SCREENING QUESTIONNAIRE

NAME: _____ DOB (month/day/year): _____

1.) For TB skin test only (not blood test), you must return in 48 to 72 hours for medical staff to interpret your results. Will this time frame be a problem?	**YES**	**NO**	**N/A**
2.) Have you ever had a positive TB skin test? If answer is "NO", please skip to question 3. If "YES", did you have a chest x-ray? If "Yes", were you treated with medication?	**YES** **YES** **YES**	**NO** **NO** **NO**	**Don't know** **Don't know** **Don't know**
3.) Have you ever had a severe reaction to a TB skin test?	**YES**	**NO**	**Don't know**
4.) Were you born outside of the United States? If "YES", have you had the BCG (TB) vaccine	**YES** **YES**	**NO** **NO**	**Don't know** **Don't Know**
5.) Have you been in contact with someone who had TB disease?	**YES**	**NO**	**Don't know**
6.) Have you ever used injection drugs?	**YES**	**NO**	**Don't know**
7.) Do you have HIV/AIDS?	**YES**	**NO**	**Don't know**
8.) Do you have any diseases that could affect your immune system such as cancer, leukemia or other?	**YES**	**NO**	**Don't know**
9.) Have you had any LIVE vaccines in the past 30 days? (Varicella, Shingles, MMR, Yellow Fever)	**YES**	**NO**	**Don't know**

My signature below certifies that the information I have provided is correct to the best of my knowledge. I will not hold Redpoint Medical nor its medical provider(s) or employee(s) responsible for any errors or omissions that I may have made in completing this form.

_____ _____

PATIENT SIGNATURE TODAY'S DATE

Tuberculosis (TB) SCREENING QUESTIONNAIRE

NAME: _____ DOB (month/day/year): _____

1.) For TB skin test only (not blood test), you must return in 48 to 72 hours for medical staff to interpret your results. Will this time frame be a problem?	**YES**	**NO**	**N/A**
2.) Have you ever had a positive TB skin test? If answer is "NO", please skip to question 3. If "YES", did you have a chest x-ray? If "Yes", were you treated with medication?	**YES** **YES** **YES**	**NO** **NO** **NO**	**Don't know** **Don't know** **Don't know**
3.) Have you ever had a severe reaction to a TB skin test?	**YES**	**NO**	**Don't know**
4.) Were you born outside of the United States? If "YES", have you had the BCG (TB) vaccine	**YES** **YES**	**NO** **NO**	**Don't know** **Don't Know**
5.) Have you been in contact with someone who had TB disease?	**YES**	**NO**	**Don't know**
6.) Have you ever used injection drugs?	**YES**	**NO**	**Don't know**
7.) Do you have HIV/AIDS?	**YES**	**NO**	**Don't know**
8.) Do you have any diseases that could affect your immune system such as cancer, leukemia or other?	**YES**	**NO**	**Don't know**
9.) Have you had any LIVE vaccines in the past 30 days? (Varicella, Shingles, MMR, Yellow Fever)	**YES**	**NO**	**Don't know**

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NAME: _____ DOB (month/day/year): _____

1.) For TB skin test only (not blood test), you must return in 48 to 72 hours for medical staff to interpret your results. Will this time frame be a problem?	**YES**	**NO**	**N/A**
2.) Have you ever had a positive TB skin test? If answer is "NO", please skip to question 3. If "YES", did you have a chest x-ray? If "Yes", were you treated with medication?	**YES** **YES** **YES**	**NO** **NO** **NO**	**Don't know** **Don't know** **Don't know**
3.) Have you ever had a severe reaction to a TB skin test?	**YES**	**NO**	**Don't know**
4.) Were you born outside of the United States? If "YES", have you had the BCG (TB) vaccine	**YES** **YES**	**NO** **NO**	**Don't know** **Don't Know**
5.) Have you been in contact with someone who had TB disease?	**YES**	**NO**	**Don't know**
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9.) Have you had any LIVE vaccines in the past 30 days? (Varicella, Shingles, MMR, Yellow Fever)	**YES**	**NO**	**Don't know**

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Tuberculosis (TB) SCREENING QUESTIONNAIRE

NAME: _____ DOB (month/day/year): _____

1.) For TB skin test only (not blood test), you must return in 48 to 72 hours for medical staff to interpret your results. Will this time frame be a problem?	**YES**	**NO**	**N/A**
2.) Have you ever had a positive TB skin test? If answer is "NO", please skip to question 3. If "YES", did you have a chest x-ray? If "Yes", were you treated with medication?	**YES** **YES** **YES**	**NO** **NO** **NO**	**Don't know** **Don't know** **Don't know**
3.) Have you ever had a severe reaction to a TB skin test?	**YES**	**NO**	**Don't know**
4.) Were you born outside of the United States? If "YES", have you had the BCG (TB) vaccine	**YES** **YES**	**NO** **NO**	**Don't know** **Don't Know**
5.) Have you been in contact with someone who had TB disease?	**YES**	**NO**	**Don't know**
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