Tuberculosis (TB) SCREENING QUESTIONNAIRE

Patient 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.	**YES**	**NO**	**Don't know**
If "YES", did you have a chest x-ray?	**YES**	**NO**	**Don't know**
If "Yes", were you treated with medication?	**YES**	**NO**	**Don't know**
3.) Have you ever had an allergic reaction to a TB skin test?	**YES**	**NO**	**Don't know**
4.) Were you born outside of the United States?	**YES**	**NO**	**Don't know**
If "YES", have you had the BCG (TB) vaccine in the past five (5) years?	**YES**	**NO**	**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

TB Testing Recommendations / Protocols

- It is highly recommended (but not required) that patient who is foreign-born should receive TB blood test, *vs.* TB skin test due to BCG vaccine false-positive rate. If patient is known to have had BCG vaccine in the past five years, **TB blood test** should be strongly considered.
- Patient who has had a positive **skin test** in the past, and who *DID NOT* receive treatment must be given TB blood test.
- Patient who has received treatment in the past due to positive TB skin **OR** blood test should receive order for chest x-ray; NO TEST

This section to be completed by Medical Staff Only.

TB Questionnaire on Page 1 Reviewed By: _____

Medical Staff Signature

Based upon the information provided by the patient on page 1, is the patient eligible to receive a Tuberculosis skin test (PPD)? O YES O NO