

**TB SCREENING QUESTIONNAIRE
 HISTORY OF POSITIVE TUBERCULIN SKIN TEST**
 (TCS Form 7)

NOTE: This is a CONFIDENTIAL information document. Employees who reflected a positive/negative Tuberculin Skin Test at their last TB testing complete this questionnaire. Analysis of this questionnaire may be used to determine further screening, such as the need for a chest x-ray or other follow-up action. Return this questionnaire to HR.

Employee Name:		Date of Birth:	Date Form Completed:
Social Security Number:	The Children's Shelter Program:	Your Job Title:	
Your Work Phone Number:	Your Supervisor's Name:	Supervisor's Work Phone Number:	

1. Please check the general category that best describes your current job title:

- Administration/Management Direct Care to Children
 Clinic Nurse Housekeeping Maintenance

2. Check one general category that best describes where you spend most of the work day:

- Administrative/Management offices Clinic Many locations
 Outside Other. Explain: _____

3. Since your last TB review, have you worked in a location where patients with active TB received care or services?

- Yes No Don't know

4. Since your last TB review, have you lived or had close contact with someone who has TB disease?

Yes No Don't know

5. Since your last TB review, have you had an abnormal chest x-ray?

Yes No Don't know

6. Since your last TB review, has a health practitioner told you that your immune system isn't working right or can't fight infection?

Yes No Don't know

7. Do you work, volunteer, or live in another facility that provides medical or social services?

Yes No Don't know

8. Since your last TB review, have you traveled outside the U.S.A.?

Yes No Don't know

If yes, where?

9. Since your last TB review, have you had any of the following symptoms for more than three weeks at a time?

(Please check all that apply)

Coughing up blood

Excessive fatigue

Excessive sweating at night

Excessive weight loss

Hoarseness

Persistent coughing

Persistent fever