



Annual TB Form
For Employees Enrolled in UAB OH&S Employee Health
Program With Positive PPDs

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Mailing Address: CH19 445, 1530 3rd Ave S, Birmingham, Al, 35294-2041

Employee Name: _____
(Print): **Last** _____ **First** _____ **MI** _____

Blazer ID: _____ Date: _____

Instructions: Please answer the following questions truthfully. Fill-in or circle the appropriate answers please:

1. How many millimeters was your positive PPD test (if known): _____ mm Date?: _____
2. Have you ever taken the BCG vaccine?Y / N
3. When was your last **Chest X-Ray (CXR)** taken: _____
4. Did you successfully complete 6 months of INH chemoprophylaxis therapy?Y / N
5. If yes where and when? _____ Date?: _____
6. If no, reason for not taking the INH protocol: _____

7. Have you experienced any of the following symptoms within the past year?:
 - a. Persistent productive cough? Y / N
 - b. Coughing up blood? Y / N
 - c. Chest pain? Y / N
 - d. Shortness of breath/difficulty breathing? Y / N
 - e. Unexplained fever lasting more then 3 days? Y / N
 - f. Unexplained night sweats? Y / N
 - g. Unexplained sudden weight loss? Y / N
 - h. Unexplained fatigue/run down feeling? Y / N
8. Have you sought medical care for chest symptoms within the past year?Y / N
9. Have you lived with or been in close contact with someone who had TB disease?Y / N
10. Considering the list of countries/continents below:
 - a. **Africa**
 - b. **Asia:** China, Mongolia, Vietnam, Korea, Indonesia, India, Pakistan & Bangladesh
 - c. **Eastern Europe:** Russia and former Soviet Union States, Armenia
 - d. **Latin America:** Mexico, Guatemala, South America
 - e. **Caribbean Islands:** Jamaica, Dominican Republic, Haiti, Cuba, Trinidad & Tobago
 - f. **Pacific Islands** including the Philippines; excluding Hawaii
 1. Were you born in one of these countries?Y / N
 2. Have you stayed in one of these places for one month or longer?Y / N
 3. Have you lived with or been in close contact with someone who stayed or lived in one of these countries for one month or longer?Y / N

If you answered yes to any of the above questions please explain:

I certify that the information contained on this TB Questionnaire is true and correct. I hereby understand that if any of the above responses are "Yes" that I will be re-evaluated by UAB Employee Occupational Health to rule out the presence of active tuberculosis. Furthermore, I may be required to have a current chest film done and lab testing to obtain a clearance from the UAB Employee Occupational Health Program.

Employee Signature & Date: _____ Date: _____

Witness Signature & Date: _____ Date: _____