



UAB Annual Tuberculosis Screening Questionnaire
For Employees Enrolled in the UAB Employee Occupational Health Program With Positive PPDs

UAB Employee Occupational Health Program • 933 19th Street South, Suite 445 • Birmingham, Alabama 35294-2042
Voice (205) 996-4402 • Fax (205) 934-7487
Mailing Address: CH19 445, 1530 3rd Ave S, Birmingham, Al, 35294-2041

Employee Name:

(Print): Last/Family, First MI

Social/Employee #: 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: Y / N
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: