

VINTAGE HEALTHCARE SERVICES, INC

Tuberculosis (TB) History Questionnaire

Employee Name: _____ Date: _____

This questionnaire is about tuberculosis. Tuberculosis can be transmitted from one person to another by an individual who lives with or spends a great deal of time with them. Tuberculosis is transmitted by a person with tuberculosis to another person through airborne droplets that are coughed or sneezed into the air and breathed in by the person. This transmission of infection is more likely to occur when the exposed and the infectious person spend a lot of time together in a closed environment, like a small room, a car, or other similar situations.

A person can have tuberculosis infection and not have active tuberculosis.

- Not everyone who coughs has tuberculosis.
- TB can cause (low-grade) fever for long duration, unexplained weight loss, failure to maintain adequate growth in children, weakness, chest pain, a bad cough, hoarseness and/or coughing up blood.
- Tuberculosis is preventable and treatable.
- Children with active TB often do not show signs of illness.

Since your last TB skin test...

Check the one that applies.	YES	Don't Know	NO
Has anyone in your family had tuberculosis (TB)?			
Have you had a skin test conversion from negative to positive in the past 2 years?			
Have you been on steroids (cortisone) in the past 6 weeks?			
Have you recently had mucous (coughed-up) tested for TB?			
If yes, were you told that it was positive for TB?			
Have you ever been treated with medication for infectious TB? If yes, how many months and how many medications?			
Are you still taking TB medication?			
Did you take all the TB medications until the physician told you that you were finished?			
Have you ever had a positive TB test, If Yes, When?			
Have you ever received a BCG Vaccine?			
TB can cause fever of long duration, unexplained weight loss, weakness, chest pain, a bad cough, hoarseness or coughing up blood. Have you been around anyone who has these problems?			
Have you ever had an abnormal chest x-ray?			
Do you have a cough that has lasted more than three weeks			
Do you live with anyone or have been in close contact with someone who was recently diagnosed with TB			
Have you lost appetite (not hungry)?			
Have you lost weight over 10 lbs in the last 2 months without intention? Do you have night sweats (need to change the sheets or your clothes because they are wet) in the middle of the night?			

If any answers are “yes” or “I don’t know” the employee must have a TB skin test completed.

Employee Signature: _____ Date: _____