UAB Student Health Annual Tuberculosis Screening Questionnaire

Student Health Services, 930 20th Street South, Suite 221, Birmingham, Alabama 35294-2042 Phone: 205-975-7751, Fax: 205-996-7468

Student's Name: __________________________________________________________

(Print): Last/Family First MI

Student ID#/B0#: ____________________________________________ Date: __________________________

Please answer the following questions:

1. Have you ever had a positive TB skin test? ________ If yes, how many millimeters was your positive PPD (if known)? _______

   Date: __________________________

2. Have you ever taken the BCG vaccine? Y / N

3. When was your last Chest X-Ray (CXR) taken? __________________________

4. If history of positive PPD, did you successfully complete 6-9 months of INH (or similar) chemoprophylaxis therapy? ________

   Y / N

5. If yes, where and when? Dates? __________________________________________

6. If no, reason for not taking INH protocol __________________________________

7. Have you ever 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 than 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 ever had a positive HIV test? Y / N

10. Have you ever used illegal intravenous drugs? Y / N

11. Have you ever lived with or been in close contact with someone who had TB disease? Y / N

12. 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?
      2. Have you ever stayed in one of these places for 2 weeks or longer?
      3. Have you lived with or been in close contact with someone who stayed or lived in one of these countries for 2 weeks or longer?

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 accurate. I hereby understand that if any of the above responses are “yes” that I will be re-evaluated by a Student Health Provider 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 medical clearance.

Student/Patient Signature & Date: ____________________________________________ Date: ______________

SHS Signature & Date: ____________________________________________ Date: ______________