



TB Screening Form
Annually Required
For Employees Enrolled in UAB OH&S Occupational Medicine Program
with Past Positive TB Skin Tests

OH&S Occupational Medicine • 933 19th Street South, Suite 412 • Birmingham, Alabama 35294-2041
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Mailing Address: CH19 445, 1530 3rd Ave S, Birmingham, Al, 35294-2041
E-Mail Address: OHSocmed@uab.edu

Employee Name: _____
(Print): Last First MI

Blazer ID: _____ Date: _____

Instructions: Please answer the following questions truthfully. Please check the appropriate answers:

1. How many millimeters was you positive PPD test (if known): _____ mm Date: _____ Y N
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? _____
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 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 lived with or been in close contact with someone who had TB disease? Y N
10. Considering the list of countries/continents below:
 - i. **Africa**
 - ii. **Asia:** China, Mongolia, Vietnam, Korea, Indonesia, India, Pakistan and Bangladesh
 - iii. **Eastern Europe:** Russia and former Soviet Union States, Armenia
 - iv. **Latin America:** Mexico, Guatemala, South America
 - v. **Caribbean Islands:** Jamaica, Dominican Republic, Haiti, Cuba, Trinidad and Tobago
 - vi. **Pacific Islands:** including the Philippines, excluding Hawaii
 - a. Were you born in one of these countries? Y N
 - b. Have you stayed in one of these places for one month or longer? Y N
 - c. 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 Screening Form is true and correct. I hereby understand that if any of the above responses are "Yes" that I will be re-evaluated by UAB Occupational Medicine 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 UAB Occupational Medicine.

Signature: _____ Date: _____

Witness Signature: _____ Date: _____

If electronically submitted, the form must be sent from the employee's UAB email account to satisfy the signature requirement.