



# EMPLOYEE HEALTH

The University of Alabama at Birmingham

## Annual TB Screening Questionnaire For Employees with Past Positive TB Skin Tests

Campus       Highlands       Hospital       HSF       TKC

Employee Name: \_\_\_\_\_  
(Print): Last First MI

Blazer ID: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_ 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: \_\_\_\_\_
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? \_\_\_\_\_
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 Annual TB Screening Form is true and correct. I hereby understand that if any of the above responses are "Yes", I will be re-evaluated by UAB Employee Health to rule out the presence of active tuberculosis. Furthermore, I may be required to have further testing to obtain a clearance from UAB Employee Health.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Form submittal:**

For Campus employees, you may submit completed form electronically to ehocchealth@uab.edu.  
For Highlands, Hospital, HSF and TKC employees, you may submit completed form electronically to employeehealth@uabmc.edu.