

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: _____