

## **TUBERCULOSIS SCREENING FORM**

(Use for either Member or Caregiver)

Name	Please check:			
Birthdate:/ Birth Country: Year arrived in US:/  SECTION A: PAST DIAGNOSIS OF TUBERCULOSIS  1. Have you ever been sick with Tuberculosis? YES NO  2. Have you ever had a positive Mantoux, PPD or TB test? (This is a skin test for tuberculosis)  SECTION B: TUBERCULOSIS EXPOSURE RISK QUESTIONNAIRE  1. Where you born in or have you lived, worked or traveled for more than one month YES NO in any of the following: Asia, Africa, South America, Central America, Mexico, Eastern Europe, Caribbean, or Middle East?  2. If yes, what country? How long? Born there Tourist Work School Other Explain  3. Do any of the following conditions or situations apply to you?  a. Have you ever lived with or been in close contact to a person known or suspected YES NO of being sick with TB?  b. Have you ever lived, worked, or volunteered in any homeless shelter, prison/jail, YES NO hospital or drug rehabilitation unit, nursing home or residential healthcare facility?  c. Do you have a persistent cough (3 weeks or more), fever, night sweats, fatigue, 10 yeS NO loss of appetite, coughing with bloody sputum, or weight loss?  4. Have you been diagnosed with either HIV infection, AIDS, diabetes, leukemia, lymphoma or yeS NO a chronic immune disorder, and also been exposed to anyone with TB?  If you answered yes to any questions above, please provide us with a screening test results from your doctor. The screening may be a Mantoux, PPD, skin test, chest X-ray or written statement from your physician.		Date		
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