



TUBERCULOSIS SCREENING FORM
(Use for either Member or Caregiver)

Please check: Initial
 Updated

Name _____ Date _____
Last First MI

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) | YES | NO |

SECTION B: TUBERCULOSIS EXPOSURE RISK QUESTIONNAIRE

- | | | |
|--|-----|----|
| 1. Where you born in or have you lived, worked or traveled for more than one month in any of the following: Asia, Africa, South America, Central America, Mexico, Eastern Europe, Caribbean, or Middle East? | YES | NO |
| 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 of being sick with TB? | YES | NO |
| b. Have you ever lived, worked, or volunteered in any homeless shelter, prison/jail, hospital or drug rehabilitation unit, nursing home or residential healthcare facility? | YES | NO |
| c. Do you have a persistent cough (3 weeks or more), fever, night sweats, fatigue, loss of appetite, coughing with bloody sputum, or weight loss? | YES | NO |
| 4. Have you been diagnosed with either HIV infection, AIDS, diabetes, leukemia, lymphoma or a chronic immune disorder, and also been exposed to anyone with TB? | YES | NO |

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.

Signature _____
RN/MD/NP/PA Signature

Date _____