Annual Tuberculosis Questionnaire

Name (print legibly): _____ Dept: _____

I consent to have a TB skin test administered. I have had the opportunity to read, or have had explained to me, the importance of the tuberculosis skin test procedure. I have had the opportunity to ask questions about this test and to have these questions answered to my satisfaction. I understand that the test involves injecting a small amount of a diagnostic antigen just under the skin on the inside of my forearm and that a small bruise may appear. I hereby request and authorize Lakeway Regional Medical Center to provide a TB skin test today and I agree to release Lakeway Regional Medical Center and its associates from all liability in connection with the administration and interpretation of this test. I will return for these test results to be read in 48-72 hours. I understand I **cannot** read my own TB skin test.

Signature: _____ Date: _____

The following questions are used to evaluate your current TB status. We **cannot** utilize the tuberculin skin test (PPD), because you have or have had a positive reaction to the test. A positive skin test means that sometime during your life you came into contact with tuberculosis or have had a vaccination to prevent you from contracting tuberculosis. It does not mean that you have TB now.
In the past yearly chest x-rays were performed; however, recent studies show that they are unnecessary.
Instead, this health survey will assist Employee Health to monitor possible TB Symptoms. Chest x-rays are required every two years.
TB symptoms can progress slowly and/or mimic other diseases. You can develop symptoms of TB a few weeks after contracting the bacteria – or not until years after the initial infection. This questionnaire targets some of the most common symptoms. Please familiarize yourself with them. You are the first to know when you are not feeling well and may have TB symptoms.

Have you ever experienced any of the following symptoms **NOT** associated with a specific illness (i.e. flu or cold) and lasting 3 weeks or longer?

Cough: ☐ Productive ☐ Non-Productive ☐ Blood Tinged	Yes	No
Night Sweats	Yes	No
Low grade temperature	Yes	No
Loss of appetite	Yes	No
Unexplained Weight Loss	Yes	No
Shortness of breath	Yes	No
Swollen Glands (usually in the neck)	Yes	No
Have you ever tested positive for TB?	Yes	No
Had known exposure to TB? IF yes, date: _____	Yes	No
BCG Vaccine	Yes	No
Chest Xray Date: _____ ☐ negative ☐ positive	Yes	No

Skin Test Results

Manufacturer: _____ Lot#: _____ Exp. Date: _____

New Employee Screen or Annual

Date: _____ Time: _____

Left Forearm / Right Forearm

Administered by: _____ Read By: _____

48 – 72 Hours

Date: _____ Time: _____ Induration: _____mm