ActionStaff
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Tuberculosis Surveillance/Questionnaire

Employee Name _____ Date_____

☐ I consent to the placement of tuberculin purified protein derivative (PPD) as a test to aid in the diagnosis of TB. I understand that the site *must be read* by a trained healthcare professional or reader and the results documented within *48-72 hours after* the injection.

☐ I do not consent to the placement of a TB skin test at this time due to previous exposure, or because of previous positive skin test, or because_____.

Employee Signature: _____ Date_____

Have you ever been told you have TB or had a positive TB skin test? Yes ☐ No ☐

	Yes	No
1. Have you had recent close contact with anyone who has active TB?	☐	☐
2. Do you now have a communicable disease?	☐	☐
3. Have you been out of the country in the past year?	☐	☐
4. Do you have a history of:		
a. Unexplained fatigue	☐	☐
b. Unexplained cough (more than 3 weeks)	☐	☐
c. Coughing blood –streaked sputum	☐	☐
d. Unexplained weight loss	☐	☐
e. Prolonged steroid/immunosuppressive therapy	☐	☐
f. Night sweats	☐	☐
g. Loss of appetite	☐	☐
h. Unexplained fever	☐	☐
5. Are you an immigrant to the USA in the past 5 years?	☐	☐
6. Have you ever received BCG vaccine?	☐	☐

TB Screening: ☐ Annual ☐ Pre-Placement ☐ Post Exposure
☐ Baseline/Step 1 ☐ Baseline
☐ Step 2 ☐ 12 Weeks

Signature of reader: _____ Date _____