TB **EVALUATION QUESTIONNAIRE**

Employee Health Service - San Diego (Student/Faculty Form)

DIRECTIONS: The Annual TB Evaluation Questionnaire must be completed and signed regardless of TB status, every 12 months.

Last Name	First Name		
Student Type: (Nursing, etc)		Home Phone/Cell	Instructor/Faculty
Age:	Sex:	Birth Date:	School:

OR

1. ☐ Yes ☐ No Have you had any unexplained weight loss in the last year? If YES, amount lost: ______________________
2. ☐ Yes ☐ No Do you have a persistent cough, lasting 3 weeks or more?
3. ☐ Yes ☐ No Do you cough up blood?
4. ☐ Yes ☐ No Do you have persistent unexplained fevers or night sweats?
5. ☐ Yes ☐ No Do you have a rash? If YES, for how long? ______________________
6. ☐ Yes ☐ No Have you seen a doctor for any of the above? If YES, which numbered item? ______________________
7. ☐ Yes ☐ No Do you have any reason to believe that your immune system may have been altered or damaged due to any of the following conditions or medications which would increase your risk for Tuberculosis: Sarcoidosis; HIV/AIDS; Cancer; Chemotherapy; Chronic steroid therapy or medications to prevent transplant rejection? (Please note: HIV infection and other medical conditions may cause a TB (TST) skin test to be negative, even when infection is present.)
8. ☐ Yes ☐ No ☐ Not Applicable If you have a positive TB test, do you have any of the following conditions (You do not have to divulge your medical diagnosis): Part of your stomach removed; Underweight/Malnourished; HIV Infection or risk of HIV infection; Diabetes, Silicosis lung disease; Leukemia; Lymphoma; Kidney failure; Head/neck cancer?

Signature____ **Date**____________________

For Medical Office Use

TST date administered: _____________Site:__________________Given by:______________________________________

Date Read:___________ Induration:_______mm Positive ☐ Negative ☐

Read by (please print): ________________________________

M*ust be read @48-72 hours.* *If no reaction, record "0mm" not " negative"* Please print

Licensed Provider Review: Printed Name and Title____

Signature: Date: