



PORT HURON

TB TEST / QUESTIONNAIRE

Name: _____ Department: _____

1st step: _____ 2nd Step: _____ Other _____

Complete the following:

- Ever been told you had Tb? **Yes** **No**
- Ever lived with anyone with Tb? **Yes** **No**
- Ever had a positive Tb test? **Yes** **No**
- Taken Tb medications after a positive Tb test? **Yes** **No**
- Received an MMR or any live vaccine in the past 4-6 weeks? **Yes** **No**
- Received a BCG vaccination in the past 5 years? **Yes** **No**

Temporary or permanent residence (for 1 month or longer) in a country with high TB rate (i.e. any country other than Australia, Canada, New Zealand, USA, or western or northern Europe)? **Yes** **No**

Have you current or planned immunosuppression, including HIV virus infection, receipt of an organ transplant, treatment with a TNF-alpha antagonist (e. g. infliximab or etanercept) chronic steroids (prednisone 15mg/ day over one month) or other immunosuppressive medication? **Yes** **No**

Close contact with someone that has had infectious TB disease since last TB test? **Yes** **No**

- Productive cough (3 weeks or more) **Yes** **No**
- Persistent weight loss without dieting **Yes** **No**
- Persistent low-grade fever **Yes** **No**
- Night sweats **Yes** **No**
- Unexplained loss of appetite **Yes** **No**
- Coughing up blood **Yes** **No**

By signing below, I am agreeing to the following statements:

- To the best of my knowledge, I have answered all the above correctly.
- I understand I need to have my test read in **48-72 hours** by EHS, a nurse or a physician.
- Questionable Tb results - Employee Health Services must read/review.

Signature: _____ Date: _____

Date Administered _____ **Time:** _____ **Site:** _____ **Title:** _____

Dose: 0.1 **Manufacturer:** _____ **Lot #** _____ **Exp Date:** _____

Read on: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Results: _____ **mm** (Read induration, not erythema)

Date read: _____ **Time** _____ **Read By/Title:** _____

Follow Up Recommendation: Chest X-Ray Date: _____ Results: _____

Return form to Human Resources or fax to 810-985-2686. Any questions call 810-989-3120.