

TUBERCULOSIS CONSENT/ QUESTIONNAIRE



**CAMPUS
HEALTH**

Name: _____	Department: _____
Date of Birth: _____	Phone: _____

- Reason for tst? _____
- Have you ever had an allergic reaction to a previous tst? No Yes
- Have you received any live virus vaccine such as MMR or varicella
In the past 4 weeks? No Yes
- Have you had an acute viral infection (e.g., measles, chickenpox) or an illness with high fever
within the past 4 weeks? No Yes
- Do you have any diseases that could affect your immune system such as cancer, leukemia,
diabetes, other? No Yes
- Females: Are you pregnant or are you breastfeeding at this time? No Yes

Please note any symptoms you have experienced in the past 6-12 months.

Anorexia (loss of appetite)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Productive cough combined with fever, chills, weakness, sweating, (not responsive to treatment)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Bloody or blood-streaked sputum	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Shortness of breath	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Chronic cough (>2 weeks)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Unexplained weight loss	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Fatigue	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Unusual or irregular menses	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Low-grade fevers	<input type="checkbox"/> No	<input type="checkbox"/> Yes			
Night sweats	<input type="checkbox"/> No	<input type="checkbox"/> Yes			

1. Have you ever had a family member or close personal contact with a person who currently has or has had Active TB disease? No Yes
If Yes, who? _____ when? _____
2. Have you had recent contact with anyone known to have active TB? No Yes
If Yes, who? _____ when? _____
3. Are you on oral steroid or other related anti-inflammatory or immunosuppressive medication? No Yes
If Yes, explain: _____
4. Have you experienced or are currently living with a lack of housing. No Yes
5. Have you worked or volunteered in a "homeless shelter." No Yes
6. Have you worked in a jail or prison or have you been incarcerated? No Yes
7. What country were you born? _____
8. When did you move to the U.S.A.? _____

Student/Employee Signature

Date

CHS Reviewed by:

Date