

**TUBERCULOSIS SCREENING FORM**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

Please consider the following questions: ( circle the appropriate answer)

- |   |     |    |
|---|-----|----|
| 1. Have you ever had a positive TB skin test?   | YES | NO |
| 2. Have you ever lived with, or been in close contact with anyone who had TB disease? | YES | NO |
| 3. Have you ever had a positive HIV test?   | YES | NO |
| 4. Have you ever used illegal intravenous drugs?                                      | YES | NO |
| 5. Are you currently taking steroids, chemotherapy, or cancer treating drugs?         | YES | NO |
| 6. Have you ever been incarcerated?   | YES | NO |
| 7. Have you ever been homeless?   | YES | NO |
| 8. Do you currently have any of the following symptoms? [check if 'YES']              |     |    |
| <input type="checkbox"/> Fever  |     |    |
| <input type="checkbox"/> Weight loss  |     |    |
| <input type="checkbox"/> Night sweats   |     |    |
| <input type="checkbox"/> Chronic cough  |     |    |
| <input type="checkbox"/> Chronic fatigue  |     |    |
| <input type="checkbox"/> Coughing up blood  |     |    |

9. Consider the list of countries/continents below:

- Haiti
- Africa
- Pacific Islands, including Philippines
- Latin America, including Mexico, Guatemala and South America
- Eastern Europe, including Russia and the former Soviet Union, Armenia
- Asia, including China, Vietnam, Korea, Indonesia, India, Pakistan and Bangladesh

Were you born in one of these countries? YES NO

Have you ever stayed/lived in one of these countries for one month or longer? YES NO

Have you ever lived or been in close contact with someone who stayed/lived in one of these countries for one month or longer? YES NO

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Signature

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Date

*I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service. I understand that falsification of information on Government forms is punishable by fine and/or imprisonment.*