

TB INFORMATION FORM

EMPLOYEE INFORMATION	
Full Name:	Date of Birth:

PLEASE ANSWER ALL QUESTIONS BELOW:	YES	NO
1. Have you ever had a positive PPD? *(If YES, patient must have a chest x-ray instead of PPD testing)		
2. Have you ever had BCG? If YES, please give date: ____/____/____		
3. Have you ever been treated for Tuberculosis?		
4. Are you allergic to any medications? If so, please list what you are allergic to: _____		
5. Have you had a cough for more than 6 weeks?		
6. Have you coughed up blood or had bloody sputum?		
7. Have you had any recent weight loss without trying to loose weight?		
8. Have you had recent night sweats or fever? If YES, for how long? _____		
9. Have you traveled outside the US in the last 5 years?		
10. If you have traveled outside the US, what countries did you visit? _____		
11. Have you been in the military, prison, group home, or in an area with known Tuberculosis exposures? If YES, if what setting? _____		

TEST INFORMATION AND CONSENT

You cannot get TB from the skin test. Side effects from the skin test are uncommon. A positive skin test causes swelling and redness at the test site. Negative tests indicate that an individual has had no past or present tuberculosis infection. A positive test indicates exposure to the tubercle bacterium, which can remain dormant in the body. A chest x-ray will be recommended to determine if the TB infection is dormant or active. I give my permission to receive the Purified Protein Derivative (PPD) tuberculin skin test to evaluate my exposure to tuberculosis.

Signature: _____ Date: _____