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Please Check

- Initial
- Updated

Client Name _____ Date _____

Birthdate _____ Birth Country _____ Year Arrived in US _____

Section A: PAST DIAGNOSIS OF TUBERCULOSIS

1. Have you ever been sick with TB? YES NO
2. Have you ever had a positive, PPD or TB test result? YES NO

(This is a skin test for Tuberculosis)

Section B TUBERCULOSIS EXPOSURE RISK QUESTIONNAIRE

1. Were you born in, or have you lived, worked, or traveled for more than one month in any of the following countries: ASIA, AFRICA, SOUTH AMERICA, CENTRAL AMERICA, MEXICO, EASTERN EUROPE, CARIBBIEN OR MIDDLE EAST? YES NO

YES NO

2. If yes wear? _____ How Long? _____
 _____ Born In _____ Tourist _____ Work _____ School _____ Other _____
 _____ (Explain)

3. Do any of the following conditions or situation apply to you?

- A) Have you ever lived with or been in close contact to a person known or suspected of being sick with TB? YES NO

- B) Have you ever lived, worked or volunteer in any homeless Shelter, prison/jail, hospital or drug rehabilitation unit, nursing home or residential facility? YES NO

- C) Do you have a persistent cough (3 weeks or more), fever, night Sweats, fatigue, loss of appetite, coughing with bloody sputum. Or weight loss?

4. Have you been diagnosed with either HIV infection, AIDS, Diabetes, Leukemia Lymphoma or chronic immune disorder, and been expose to anyone with TB? YES NO

IF you answered YES to any questions above, please provide us with a screening test results from your Dr. The screening may be a Mantoux, PPD, skin test, chest X ray or written statement from your physician.

Signature RN _____ Date _____
RN/MD/NP/PA