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**ANNUAL TUBERCULOSIS QUESTIONNAIRE**

This TB Questionnaire is a MEDTEAM ANNUAL EMPLOYMENT REQUIREMENT and a method to monitor infection control and reportable diseases. The incidence of Tuberculosis (TB) and drug resistant strains is an increasing occurrence in the United States. You are informed that a client facility/specific state can mandate a 2-step Mantoux Tuberculin Skin Test as a specific requirement.

**HEALTH HISTORY**

- 1. Are you currently pregnant?  Yes  No
- 2. Have you received any vaccines in the last six weeks?(i.e. mumps, measles, rubella)?  Yes  No
- 3. Have you had a recent viral, fungal, or bacterial infection within the last month?  Yes  No
- 4. Have you been treated with steroids, corticosteroids or immunosuppressive agents?  Yes  No
- 5. Have you had pneumonia or bronchitis in the past year?  Yes  No
- 6. Are you experiencing a productive, prolonged cough?  Yes  No
- 7. Are you experiencing chest pain?  Yes  No
- 8. Are you experiencing Hemoptysis (coughing up blood)?  Yes  No
- 9. Are you experiencing a fever that persists?  Yes  No
- 10. Are you experiencing chills that reoccur?  Yes  No
- 11. Are you experiencing night sweats?  Yes  No
- 12. Are you experiencing fatigue - easily and ongoing?  Yes  No
- 13. Are you experiencing an unexplained loss of appetite?  Yes  No
- 14. Are you experiencing an unexplained weight loss?  Yes  No
- 15. Have you ever had any lung disease(s)?  Yes  No
- 16. Have you ever been exposed to TB?  Yes  No
- 17. Has anyone in your household been diagnosed with TB?  Yes  No
- 18. Have you ever been diagnosed with TB?  Yes  No
- 19. Have you ever received the BCG immunization against PPD?  Yes  No
- 20. Have you ever had a tuberculin skin test (PPD) within the last 6 to 12 months?  Yes  No
- 21. If tuberculin skin test (PPD) results were positive, did you receive treatment?  Yes  No
- 22. Did you complete a 2-step Mantoux Tuberculin Skin Test within the last 6 to 12 months?  Yes  No
- 23. Have you had a chest x-ray within the past  one (1) year  five (5) years  Yes  No
- 24. Have you traveled to Mexico, Far East or any other country where TB rates are high?  Yes  No
- 25. Have you lived in another country, other than the United States?  Yes  No

**If YES to any of the above questions, please provide date, location and explanation.**

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**EMPLOYEE INFORMATION**

Print Name : \_\_\_\_\_ Signature \_\_\_\_\_

Social Security# : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date : \_\_\_\_\_

MedTeam Staffing Representative Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Unless contraindicated, a purified protein derivative (PPD) of the tubercle bacillus is injected intradermally. Immuno-suppressed individuals or other health conditions may cause a TB skin test to be negative when a TB infection is present. Interpretation of a result and varied induration of x mm is based on risk groups or factors.