

TB Screening Form For Clients and Staff of Square Medical Group \_\_\_\_\_ program

Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Staff Signature/Title: \_\_\_\_\_

Section A. TB History

	Yes	No
1) Have you ever had a positive skin test for TB?	_____	_____
Do you have the results written down?	_____	_____
Date ___/___/___ result (in MM) _____		
2) Have you ever had a positive blood test for TB?	_____	_____
Date ___/___/___ result: _____		
If the answer to <b>both</b> questions #1 and #2 is "no" - <b>proceed to section B.</b>		
3) Do you have a chest x-ray result written down	_____	_____
Date ___/___/___ result: normal _____ abnormal _____		
4) Did you take medication for your positive skin test?	_____	_____
5) Have you ever been sick with TB disease?	_____	_____
If yes, did you take medication for your illness?	_____	_____

Section B. TB Risk Assessment

RISK FACTORS?	Yes	No
<b>There is no need to specify "yes" or "no" for each item listed below. Instead, circle above for "No" to all of the items OR "Yes" to one or more.</b>		
<u>A "YES" RESPONSE REQUIRES A "SYMPTOM SCREENING" BELOW.</u>		
1) Have you lived with or spent time with anyone who has been sick with TB in the last 2 years?		
2) Have you ever lived or traveled for more than a month in Asia, Africa, Eastern Europe, Middle East, Russia, Central or South America or the Caribbean?		
3) Do you have AIDS or HIV infection or other immune-compromised condition?		
4) Do you have (or have you had) other medical Conditions, such as:		
. Diabetes ?		
. Cancer ?		
. Kidney disease ?		
. Rheumatoid arthritis ?		
. Stomach or intestinal surgery?		

Section C. TB Symptom Screening

Symptoms:	Yes	No
1) Have you had a prolonged, unexplained cough lasting more than 3 weeks or a recent change in a chronic cough	_____	_____
If the answer to the question above is "no", then STOP here		
2) Have you recently lost weight of 10 pounds or more for no apparent reason?	_____	_____
3) Have you had a fever of more 100 degrees F for over 2 weeks?	_____	_____
4) Do you sweat at night?	_____	_____
5) Have you felt unusually tired recently?	_____	_____