GENESYS
HEALTH SYSTEM

TB QUESTIONAIRE

☐ Annual ☐ Pre-Employment: ☐1 Step ☐ 2 Step ☐ Post Exposure ☐ Other: ____________

Please Print:

Name:	Last 4 digits of S.S.#:
Job Title:	Department:

PLEASE ANSWER THE FOLLOWING QUESTIONS. If you need additional space, please continue on the reverse.

Question	Answer
1. Have you ever had a positive tuberculin skin test? **If yes, when was last chest x-ray?**	☐ Yes ☐ No
2. Have you ever been treated with TB medication/INH? **If yes, when and for how long?**	☐ Yes ☐ No
3. In the past year, has a health practitioner told you that your immune system is suppressed or compromised?	☐ Yes ☐ No
4. Recent exposure to active TB cases? e.g. family member **If yes, when and where?** In the past year, have you traveled or lived in a foreign country? In the past year, have you worked in or visited a prison or homeless shelter?	☐ Yes ☐ No
5. Have you received the BCG vaccine (**International vaccine**) in the past?	☐ Yes ☐ No

Have you had any of the following symptoms in the past 12 months (if so please explain)? If you need additional space, please continue on the reverse side.

Employee Signature ***Date:*** ***Reviewed By:***

Symptom	Yes	No	Symptom	Answer
Night Sweats (non-hormonal related)	☐ Yes	☐ No	Fever/chills (unaccountable)	☐ Yes ☐ No
Chronic Fatigue (unaccountable)	☐ Yes	☐ No	Chest pains on breathing	☐ Yes ☐ No
Weight loss (unaccountable)	☐ Yes	☐ No	Coughing up blood or blood soaked sputum	☐ Yes ☐ No

The above named employee was evaluated and antituberculosis chemoprophylaxis

☐ was ☐ was not deemed appropriate. Comments: ______________________

Physician Signature: __________________________ **Date**: ____________

I ______________, give authorization for release of medical information to EHS:
print

Employee Signature: __________________________ Date: ____________

Revised 2/18/16