

**Western Kentucky University Health Service**  
**1906 College Heights Blvd #8400 Bowling Green, Kentucky. 42101**  
**270-745-5641**

**TB Test Questionnaire – Initial Screening**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Allergies: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Date of last TB test: \_\_\_\_\_ Pre-employment/EDU - nursing physical \_\_\_\_\_ Contact evaluation \_\_\_\_\_

Please circle appropriate answers:

**Have you ever had a positive TB test? Yes No (if yes When \_\_\_\_\_ Treatment \_\_\_\_\_)**

If you have had a previous positive TB test you should not receive another one. You should schedule a doctor's appt for evaluation.

Have you ever had to have a chest x-ray for an abnormal TB Test? (When _____)	Yes	No	
Have you lived with anyone in the last 2 years who has been diagnosed with TB?	Yes	No	(2 step)
Have you been exposed to someone with TB in the last 2 months?	Yes	No	(2 step)
Have you had a persistent cough and fever for 2 weeks? (dry productive)	Yes	No	
Have you had a persistent cough and night sweats or chills for more than 2 weeks?	Yes	No	
Have you had a persistent cough and loss of appetite for more than 2 weeks?	Yes	No	
Have you been coughing up bloody sputum?	Yes	No	
Have you had any unexplained weight loss in the last 4 weeks?	Yes	No	
Have you had unexplained chest pain over the last 6 weeks?	Yes	No	
Have you become tired more easily over the last 6 weeks?	Yes	No	
Have you been taking steroids over the last 6 weeks?	Yes	No	(May need 2 step)
Have you received a live vaccine in the last 6 weeks? (Varicella, MMR, Flumist)	Yes	No	(2 step)
Do you have a chronic medical condition which lowers your immune status? (Diabetes, HIV, cancer, IV drug use)	Yes	No	(2 step)

**I grant permission to treat. I understand to complete this test I must return to have each TB test read in 48-72 hours.**

Patient Signature: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Needs \_\_\_\_\_ 1 step \_\_\_\_\_ 2 step (2 step needed if contact evaluation)

**#1** PPD 0.1ml ID R L forearm By: \_\_\_\_\_

Date: \_\_\_\_\_ Lot: \_\_\_\_\_ Exp: \_\_\_\_\_

**Results #1** Positive \_\_\_\_\_ mm Negative \_\_\_\_\_ mm or 0

Date Read: \_\_\_\_\_ Signature of Reader: \_\_\_\_\_

\_\_\_\_\_ **Second step test needed in** \_\_\_\_\_ **1-3 weeks** \_\_\_\_\_ **3 months (contact evaluations- will use separate 2<sup>nd</sup> sheet)**

**#2** **Have there been any changes in the answers to the above questions since your first TB test? Yes No**

PPD 0.1ml ID R L forearm By: \_\_\_\_\_

Date: \_\_\_\_\_ Lot: \_\_\_\_\_ Exp: \_\_\_\_\_

**Results #2** Positive \_\_\_\_\_ mm Negative \_\_\_\_\_ mm or 0

Date Read: \_\_\_\_\_ Signature of Reader: \_\_\_\_\_

\_\_\_\_\_ **Test complete: \_\_\_\_\_ No follow up needed \_\_\_\_\_ Medical follow up recommended.**

**Appt date:** \_\_\_\_\_ **Location:** \_\_\_\_\_

\_\_\_\_\_ **Chest x-ray done**