TB Screening Form
Annually Required
For Employees Enrolled in UAB OH&S Occupational Medicine Program
with Past Positive TB Skin Tests

OH&S Occupational Medicine • 933 19th Street South, Suite 412 • Birmingham, Alabama 35294-2041
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E-Mail Address: OHSocccmed@uab.edu

Employee Name: ________________________________
(First): ______________________ (Last): ______________________ (MI) ____________ Date: __________

Blazer ID: ______________________________

Instructions: Please answer the following questions truthfully. Please check the appropriate answers:

1. How many millimeters was your positive PPD test (if known): ______________ mm Date: __________
   Y □ N □

2. Have you ever taken the BCG vaccine?: ____________________________ Y □ N □

3. When was your last Chest X-Ray (CXR) taken?: ____________________________ Y □ N □

4. Did you successfully complete 6 months of INH chemoprophylaxis therapy?: ____________________________ Y □ N □

5. If yes, where and when?: ____________________________

6. If no, reason for NOT taking the INH protocol: ____________________________

7. Have you experienced any of the following symptoms within the past year?:
   a. Persistent productive cough?: ____________________________ Y □ N □
   b. Coughing up blood?: ____________________________ Y □ N □
   c. Chest pain?: ____________________________ Y □ N □
   d. Shortness of breath/difficulty breathing?: ____________________________ Y □ N □
   e. Unexplained fever lasting more than 3 days?: ____________________________ Y □ N □
   f. Unexplained night sweats?: ____________________________ Y □ N □
   g. Unexplained sudden weight loss?: ____________________________ Y □ N □
   h. Unexplained fatigue/run down feeling?: ____________________________ Y □ N □

8. Have you sought medical care for chest symptoms within the past year?: ____________________________ Y □ N □

9. Have you lived with or been in close contact with someone who had TB disease?: ____________________________ Y □ N □

10. Considering the list of countries/continents below:
   i. Africa
   ii. Asia: China, Mongolia, Vietnam, Korea, Indonesia, India, Pakistan and Bangladesh
   iii. Eastern Europe: Russia and former Soviet Union States, Armenia
   iv. Latin America: Mexico, Guatemala, South America
   v. Caribbean Islands: Jamaica, Dominican Republic, Haiti, Cuba, Trinidad and Tobago
   vi. Pacific Islands: including the Philippines, excluding Hawaii
   a. Were you born in one of these countries?: ____________________________ Y □ N □
   b. Have you stayed in one of these places for one month or longer?: ____________________________ Y □ N □
   c. Have you lived with or been in close contact with someone who stayed or lived in one of these countries for one month or longer?: ____________________________ Y □ N □

If you answered yes to any of the above questions, please explain: ____________________________

________________________________________________________

I certify that the information contained on this TB Screening Form is true and correct. I hereby understand that if any of the above responses are “Yes” that I will be re-evaluated by UAB Occupational Medicine to rule out the presence of active tuberculosis. Furthermore, I may be required to have a current chest film done and lab testing to obtain a clearance from UAB Occupational Medicine.

Signature: ________________________________ Date: __________________

Witness Signature: ________________________________ Date: __________________

If electronically submitted, the form must be sent from the employee’s UAB email account to satisfy the signature requirement.

OH&S Occupational Medicine
01/02/2018

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