TB Screening Form
Annually Required
For Employees Enrolled in UAB OH&S Occupational Health 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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Mailing Address: CH19 445, 1530 3rd Ave S, Birmingham, Al, 35294-2041
E-Mail Address: OHSOccmed@uab.edu

Employee Name: ____________________________________________________________
(Print): Last __________  First __________  MI __________  Date: __________

Blazer ID: __________________________

Instructions: Please answer the following questions truthfully. Fill-in or circle the appropriate answers please:

1. How many millimeters was your positive PPD test (if known): ____________________ mm  Date?: __________
2. Have you ever taken the BCG vaccine? ................................................................. Y / N
3. When was your last Chest X-Ray (CXR) taken: ________________________________________________
4. Did you successfully complete 6 months of INH chemoprophylaxis therapy? .................... Y / N
5. If yes where and when? ________________________________________________________________  Date?: __________
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:
   a. Africa
   b. Asia: China, Mongolia, Vietnam, Korea, Indonesia, India, Pakistan & Bangladesh
   c. Eastern Europe: Russia and former Soviet Union States, Armenia
   d. Latin America: Mexico, Guatemala, South America
   e. Caribbean Islands: Jamaica, Dominican Republic, Haiti, Cuba, Trinidad & Tobago
   f. Pacific Islands including the Philippines; excluding Hawaii
      1. Were you born in one of these countries? ..................................................... Y / N
      2. Have you stayed in one of these places for one month or longer? ............ Y / N
      3. 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.