

Volunteer Tuberculosis *Screening and Surveillance Questionnaire*

Volunteer Name: _____ Date of Birth: _____

Site _____

| Please answer the following questions and forward completed form to Colleague Health Services. <i>Thank you!</i> | | |
|--|---|--|
| Have you ever had a positive TB skin test, TB Quantiferon Gold, or T-Spot? If yes, list which test(s) were positive and date(s): | Yes | No |
| Have you ever been told you have TB or been treated for latent TB infection? If yes, list details: | Yes | No |
| Have you ever been exposed to someone with known TB disease or lived with or had close contact with someone who has TB disease? If yes, list details: | Yes | No |
| Were you born in a high TB-prevalence country (any country other than the United States, Canada, Australia, New Zealand or a country in Western or Northern Europe)? If yes, list where you were born: | Yes | No |
| Have you traveled to a high TB-prevalence country for more than one month ? Note: High TB-prevalence country includes any country other than the United States, Canada, Australia, New Zealand or a country in Western or Northern Europe). If yes, list when and where you traveled: | Yes | No |
| Are you a current or former resident of, or worked in a high-risk setting in states with higher TB-prevalence (Alaska, California, Florida, Hawaii, New Jersey, New York and Washington DC)? If yes, list details: | Yes | No |
| Have you ever received BCG vaccination? If yes, list what year you received the vaccination? | Yes | No |
| In the past year, have you had a persistent cough for more than 3 weeks AND one or more of the following symptoms? Productive, prolonged cough (for more than 3 weeks) Night sweats. Loss of appetite. Unexplained fever. Coughing up blood. Unexplained fatigue. Unexplained weight loss. | Yes Yes Yes Yes Yes Yes Yes | No No No No No No No |
| Are you currently taking steroids/immunosuppressive therapy? If yes, provide details: | Yes | No |
| Have you received any live virus vaccines within the last month or plan to receive any in the next month? NOTE: Live virus vaccines may interfere with IGRAs (TB Quantiferon/TSpot); Perform on the same day or allow 4 weeks between. | Yes | No |

I affirm that I have answered these questions to the best of my knowledge and that the answers are accurate and complete.

Volunteer Signature: _____ Date: _____

| This section for Colleague Health Nurse/LHCP Use Only | |
|---|-------------|
| Comments: _____ _____ _____ | |
| Note: If immunosuppressed, volunteer will be required to complete TB Screening and Surveillance Questionnaire on an annual basis. | |
| Occupational Health Nurse Signature: _____ | Date: _____ |