

Hendrick Health System Annual TB Questionnaire

The Annual Tuberculosis Questionnaire is used to evaluate your current TB status.

TB symptoms can progress slowly and /or mimic other diseases. You can develop symptoms of TB in a few weeks after contracting the bacteria- or not until years after the initial infection. This questionnaire targets some of the most common symptoms. Please familiarize yourself with them. You are the first to know when you are not feeling well and may have TB symptoms.

Tuberculosis Health Check Survey

Have you ever experienced any of the following symptoms NOT associated with a specific illness (i.e. flu or cold) lasting 3 weeks or longer?

- | | |
|--------------------------------|----------|
| Cough | Yes / No |
| Blood streaked sputum (phlegm) | Yes / No |
| Loss of weight (unexplained) | Yes / No |
| Night sweats | Yes / No |
| Fever | Yes / No |
| Anorexia (loss of appetite) | Yes / No |

Health Care personnel should be considered at risk for TB if any of the following statements are marked Yes.

Temporary or permanent residence of \geq 1 month in a country with a high TB rate <i>Any country other than United States, Canada, Australia, New Zealand, and Those in Northern Europe or Western Europe</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Current or planned immunosuppression, <i>Including human immunodeficiency virus (HIV) infection, organ transplant recipient, treatment with a TNF-alpha antagonist (e.g., infliximab, etanercept, or other), chronic steroids (equivalent of prednisone \geq 15 mg/day for \geq 1 month) or other immunosuppressive medication</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Close contact with someone who has had infectious TB disease since the last TB test	YES <input type="checkbox"/> NO <input type="checkbox"/>

This authorization will expire one year from the signature below.

Print Name

Signature

Date