



TUBERCULOSIS SCREENING / DECLINATION

I, (print) _____, understand that due to occupational exposure to potentially infectious materials, I may be at increased risk for contracting Tuberculosis.

Tuberculosis questionnaire:

Have you ever had a positive PPD skin test in the past? Yes_____ No_____

Have you ever had a positive TB blood test in the past? Yes_____ No_____

Do you currently have any of the following symptoms?

Abdominal Pain	Yes	No	Chronic low grade fever	Yes	No
Prolonged Cough	Yes	No	Breathing difficulty	Yes	No
Weight loss	Yes	No	Night sweats	Yes	No
Bloody sputum	Yes	No	Chest pain	Yes	No

Have you received a TB Vaccine (BCG)? Yes_____ No_____

I am declining PPD / TB Blood Test screening at this time: Yes_____ No_____

Signature: _____ Date: _____