KAISER PERMANENTE®

Name_____

Kaiser On-the-Job®

Kaiser#_____
Date_____

Initial TB Questionnaire

PPD done: (date)_____ Results _____ mm. induration
Date of Chest Xray_____ CXR Results_____

Have you:	YES	NO
1. Ever had tuberculosis?	☐	☐
If yes, when: _____		
Were you medicated?	☐	☐
2. Ever been on therapy to prevent tuberculosis?	☐	☐
If yes, how long?_____		
What year?_____		
3. Ever been told your chest Xray was abnormal?	☐	☐
4. Ever received BCG vaccine?	☐	☐
(This is a vaccine to prevent TB. It is given in foreign countries and leaves a scar on your arm).		
If yes, what year? _____		
If yes, when were you last skin tested?_____		
5. Have you had contact with somebody who was known to have TB?	☐	☐
6. Have you ever had an organ transplant (i.e. kidney, heart)?	☐	☐
7. Are you immunosuppressed?	☐	☐
8. Date of Birth_____		
9. Place of Birth_____		

In the past 12 months, have you:

1. Had a chronic or recurrent cough?	☐	☐
2. Had unexplained recurrent fevers?	☐	☐
3. Had recurrent night sweats?	☐	☐
4. Coughed up or spit up blood?	☐	☐
5. Had any unexplained weight loss?	☐	☐
6. Experienced unexplained chronic fatigue?	☐	☐
7. Had a suppressed immune system?	☐	☐
8. Been in contact with anyone who had TB?	☐	☐
9. Developed a malignancy, received chemotherapy or dialysis, or do you have insulin dependent diabetes?	☐	☐
10. Traveled to a foreign country?	☐	☐

Signature_____ Date_____