



IUPUI - Health Services  
 1140 West Michigan Street  
 Coleman Hall – Room 100  
 Indianapolis, IN 46202

## TUBERCULOSIS QUESTIONNAIRE

**PLEASE PRINT LEGIBLE**

Name: \_\_\_\_\_ Last four of SS#: \_\_\_\_\_

Department/ School \_\_\_\_\_ Contact Phone# (\_\_\_\_) \_\_\_\_\_

HISTORY	20 _____	
1. Any unexplained fever in recent weeks to months?	Y	N
2. Any unexplained cough in recent weeks to months?	Y	N
3. Any drenching sweats in recent months?	Y	N
4. Any unexplained weight loss in recent months?	Y	N
5. Any chest pain in recent weeks?	Y	N
6. Any known exposure to TB? IF YES, when;	Y	N
7. Current or past diagnosis of immune deficiency, diabetes, silicosis, renal failure, cirrhosis, HIV infection, or been treated with cortisone, methotrexate, cytoxan, cyclosporine, immuran, prednisone, or chemotherapy [cancer drugs]?	Y	N
8. Any major stomach or intestinal surgery?	Y	N
9. Consumption of alcohol? IF YES, please the amount per week;	Y	N
10. Use of Zantac, Tagamet, Pepcid, Axid or Prilosec, or other prescription medicines to control stomach acids?	Y	N

### IF HISTORY OF POSITIVE PPD / TST

- When did you first convert to a [+] PPD reading? \_\_\_\_\_
- Did you ever take INH? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, how long \_\_\_\_\_
- Who followed up your conversion? \_\_\_\_\_
- When was your last chest x-ray? \_\_\_\_/\_\_\_\_/\_\_\_\_ Results? \_\_\_\_\_

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ Employee Signature \_\_\_\_\_

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ Reviewed by [HS STAFF] \_\_\_\_\_