



TUBERCULOSIS SCREENING

Section A Tuberculosis Screening Questions (To Be Completed By the Traveler)

Please answer the following:

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| 1. Do you have any history of tuberculosis? | Yes/No |
| 2. Have you had close contact with anyone known to have Tuberculosis? | Yes/No |
| 3. Have you had a BCG(TB) vaccination? | Yes/No |
| 4. Have you ever had a positive tuberculosis skin test? | Yes/No |
| 5. Have you had any immunizations in the last 6 weeks | Yes/No |
| 6. Are you receiving or have you received corticosteroids Or Immuno-suppressive agents? | Yes/No |
| 7. In the past 6 weeks have you had the flu, mono, measles, Or any other viral infection? | Yes/No |
| 8. For women: Are you pregnant | Yes/No |

* A blister or small sore may develop at the test site. You may also experience some itching or discomfort at the test site. If swelling or blister occurs after 72 hours, and reported as negative, please return to the clinic for evaluation.

TRAVELER SIGNATURE

DATE

Selection B Vaccine and Result Information (To Be Completed By the Physician OR Nurse)

Patient: _____ DOB: _____

Date Administered: _____ Time: _____ Applied to: right left forearm

Manufacturer: _____ Lot: _____ Exp Date: _____ Staff Signature: _____

Test must be read after _____ am/pm on _____ or before _____ am/pm on _____
(time) (date) (time) (date)

All tests are read between 48 and 72 hours. Measure the induration (area of hardened tissue) not the area of redness. Measure and report results in millimeters of induration.

Test Result: Positive / Negative _____ mm of induration

Follow Up: None needed/ repeat test/ chest x-ray

Date: _____ Time: _____ Staff Signature: _____