**Plano ISD Tuberculosis Questionnaire**

Name of Facility\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_

* Tuberculosis (TB) is a disease caused by TB germs that are spread from person to person through the air. TB usually affects the lungs, but it can also affect other body parts. Not everyone infected with TB bacteria becomes sick.
* A person can have TB germs in his/her body but hot have the active TB disease (This is called latent TB infection or LTBI).
* TB is preventable and treatable. TB skin testing (often called the PPD or Mantoux test) is used to see if you have been infected with TB germs. No vaccine is recommended for use in the United States to prevent tuberculosis. The skin test is not a vaccination against TB.

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| --- | --- | --- | --- |
| **Place a mark in the appropriate box:** | Yes | No | Don’t Know |
| TB can cause fever of long duration, unexplained weight loss, a bad cough (lasting over two weeks), or coughing up blood. As far as you know: Have you been around anyone with any of these symptoms or problems? Have you had any of these symptoms or problems?  Have you been around anyone sick with TB? |  |  |  |
| Were you born in Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia? |  |  |  |
| Have you traveled in the past year to Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia longer than 3 weeks?If so, specify which country/countries? |  |  |  |
| To your knowledge, have you spent time (longer than 3 weeks) with anyone who is/has been an intravenous (IV) drug user, HIV- infected, in jail or prison or recently came to the United States from another country? |  |  |  |

Have you been tested for TB? Yes\_\_\_ No\_\_\_

Have you ever had a positive TB skin test? Yes\_\_\_ No\_\_\_

If “yes”, documentation from your physician and/or your latest follow up testing is required.

Are you currently pregnant? Yes\_\_\_ No\_\_\_

If “yes”, documentation from your physician stating whether you are able to receive the TB skin test is required.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_