SARATOGA HOSPITAL
MEDICAL GROUP
OCCUPATIONAL MEDICINE
2388 ROUTE 9 • MECHANICVILLE • NY • 12118
TEL: (518) 886-5412 • FAX: (518) 899-8069

DOB: Age: Sex:
ADM/SVC Date: Arrival Time:
Loc:

MR#:

Tuberculosis Questionnaire for Outpatient PPD Screening

Patient Name: _____ DOB: _____ Phone #: _____

Address: _____ County of Residence: _____

The information that you provide us helps us to determine both your risk of becoming infected with TB, and your risk of TB infection developing into TB disease. Please also understand that all positive TB tests must be reported to your local county health department in accordance with NYS law.

Do you currently have any of the following symptoms?

1. Persistent cough (>3 weeks) ☐ Yes ☐ No
2. Night sweats ☐ Yes ☐ No
3. Hemoptysis (coughing up blood) ☐ Yes ☐ No
4. Loss of appetite ☐ Yes ☐ No
5. Weight loss (unexplained) ☐ Yes ☐ No
6. Chills/fever (of unknown origin) ☐ Yes ☐ No
7. Unusual fatigue ☐ Yes ☐ No
8. Pain in the chest ☐ Yes ☐ No

Are you in any of the high risk groups for TB infection?

1. I have been in close contact with someone with infectious TB disease ☐ Yes ☐ No
2. I have been informed that I have fibrotic changes in my lungs ☐ Yes ☐ No
3. I have received an organ transplant ☐ Yes ☐ No
4. I have a history of illicit drug use ☐ Yes ☐ No
5. I am a resident, employee or volunteer at a correctional facility, Nursing home, homeless shelter, hospital, or other healthcare facility. ☐ Yes ☐ No
6. I was born outside of the United States. What country? _____ ☐ Yes ☐ No
7. I have travelled frequently or for prolonged periods to high risk countries. ☐ Yes ☐ No
   What country? _____ (see chart on back)
8. I have been diagnosed with HIV/AIDS ☐ Yes ☐ No
9. I have a weakened immune system. From What? _____ ☐ Yes ☐ No
10. I have a history of alcohol abuse ☐ Yes ☐ No
11. I have or have had diabetes, cancer of the head, neck, or lung, silicosis, Hodgkin's disease or leukemia, end stage renal disease, intestinal bypass or gastrectomy, low body weight or chronic malabsorption syndrome. (These conditions are associated with increased risk of progressing to TB disease if you become infected with TB). ☐ Yes ☐ No
12. I have been on prednisone (more than 15mg/day for more than a month) or a drug that suppresses my immune system, (Humira, Enbrel, Remicade, others). ☐ Yes ☐ No

I have answered these questions honestly and to the best of my ability.

Patient Signature: _____ Date/Time: _____/_____

Reviewer Print Name: _____

Reviewer Signature and title: _____ Date/Time: _____/_____