UW Health

Annual Questionnaire for Non-Employees with a History of a Positive TB Test

Name: _____ **Date of Birth:** _____

Date form completed: _____ **Phone Number:** (_____) _____

Instructions: Please answer the following questions **while thinking of the past year.** This is a confidential medical evaluation. Based on your responses you may be contacted by an EHS nurse.

	No	Yes
1. Do you have a history of a positive TB skin test, positive IGRA (TB blood test) or had TB disease?	**Do not fill out this form.** You need to complete the *Annual TB Risk Assessment Questionnaire for Non-Employees.*	
2. Have you completed treatment for the history of having a positive TB test?		Please list the names of medications/dates of treatment:

3. In the last year, have you had <u>any</u> of the following symptoms that have been due to an unknown cause and lasted for 2 weeks or longer?	**No**	**Yes, please describe:**
Cough		
Weight loss		
Sweating at night that soaks clothing		
Fever		
Weakness or feeling tired		

4. In the last year, have you had any of the following changes to your medical history?	**No**	**Yes, please describe:**
Have you traveled to a country with a high rate of TB **for more than one month**?* *any country except the United States, Canada, Australia, New Zealand, or a country in Western or Northern Europe.		
Take medications that lowers your immune system? (examples: steroids or drugs to treat Rheumatoid arthritis, Crohn's disease, or Psoriasis)		
Diagnosed with: Diabetes Mellitus (Type 1 or 2), Chronic Renal Failure, or Silicosis (lung disease)?		
Diagnosed with: cancer, leukemia, lymphoma, HIV/AIDS, organ or bone marrow transplant, or other immune system problem?		
Are you underweight or have a disease that affects food absorption?		
Had a gastrectomy (stomach surgery) or jejunoileal bypass?		
Smoke cigarettes?		Interested in quitting? (circle) Yes No
Abuse of alcohol or drugs?		Type: Interested in getting help (circle)? Yes No

My responses on this form are true and correct to the best of my knowledge.

_____

Non-Employee Signature **Date**

Return completed and signed form to:

Employee Health Services
700 University Bay Drive, Suite 101 Madison, WI 53705
P: (608) 264-7535 F: (608) 262-7284 hremployeehealth@uwhealth.org
Clinic Hours: M-F; 7am – 4pm

Revised: February 2018