



INDIANA UNIVERSITY
IUPUI

TUBERCULOSIS QUESTIONNAIRE
PLEASE PRINT LEGIBLY

Name: _____

Last four of SSN: _____

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 know exposure to TB? If yes, when? _____	Y N
7. Current or past diagnosis of immune deficiency, sugar diabetes, silicosis, renal failure, cirrhosis, HIV infection, or been treated with cortisone, methotrexate, cytoxan, cyclosporine, immunran, prednisone, or chemotherapy (cancer drugs)?	Y N
8. Any major stomach or intestinal surgery?	Y N
9. Consumption of alcohol? If YES, please list 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

1. When did you first convert to a +PPD reading? _____
2. Did you ever take INH? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how long? _____
3. Who followed up your conversion? _____
4. When was your last chest x-ray? _____ Results? _____

Date_____
Employee Signature_____
Date_____
Reviewed by: (IUPUI HS Staff)

Health Services, E 14.2 Attachment E, E 14.2 Attachment E, Revised 03/25/2011