CUCAMONGA VALLEY™
MEDICAL GROUP
treated like family

Tuberculosis Screening Questionnaire

PATIENT'S FIRST AND LAST NAME

DATE

Thank you for taking the time to answer the following questions in preparation for your Tuberculosis Exam.		
1. Have you or anyone you see regularly been diagnosed or suspected of being sick with active tuberculosis?	☐ Yes	☐ No
2. Do you have family members of frequent visitors who were born in high TB prevalence countries (Asia, Africa, Latin America, Eastern Europe)?	☐ Yes	☐ No
3. Were you born in, or do you travel to high TB prevalence countries (Asia, Africa, Latin America, Eastern Europe)?	☐ Yes	☐ No
4. Do you live in out-of-home placements (such as foster care or residential facilities)?	☐ Yes	☐ No
5. Do you have HIV infection or other immunosuppressive conditions?	☐ Yes	☐ No
6. Do you live with someone with HIV seropositivity?	☐ Yes	☐ No
7. Do you live or frequently visit with persons who have been incarcerated in the last 5 years?	☐ Yes	☐ No
8. Do you live among or are you frequently around individuals who are homeless, migrant workers, users of street drugs, or residents in nursing homes?	☐ Yes	☐ No
9. Do you consume alcoholic beverages?	☐ Yes	☐ No
10. Do you work in health care?	☐ Yes	☐ No
11. Have you ever had positive TB test?	☐ Yes	☐ No
12. Have you received any vaccinations against TB?	☐ Yes	☐ No

13. When was your last TB test?

Please return your completed form to the Medical Assistant when you are called to the examination room. Thank You.