

**METHODIST HEALTHCARE SYSTEM**  
**Tuberculosis Screening Questionnaire**

Have you had a prior positive TB test (PPD)?(circle)    YES            NO

**If you answered YES, complete all questions below. If you answered NO, then STOP and proceed to the bottom of the document and complete the signature section with name, DOB, last 4 of SS Number and date.**

Personnel with a documented positive TB skin test do not need routine chest x-rays. After the initial **2 VIEW** x-ray is taken and interpreted as negative for active disease, an x-ray is only required if symptoms develop that may be due to tuberculosis.

In an effort to maintain proper screening for TB, personnel with a documented positive PPD are asked to circle the "yes" or "no" answer to the following questions.

**Have you noticed any of the following:**

*Unexplained fevers	yes	no
*Night sweats	yes	no
*Unexplained weight loss	yes	no
*Bloody sputum	yes	no
*Chills	yes	no
*Cough	yes	no
*Hoarseness	yes	no

**Do you have any of the following at this time:**

*Silicosis	yes	no
*Diabetes	yes	no
*End-stage renal disease	yes	no
*Cancer of the upper GI tract, Mouth or nose	yes	no

Have you had an intestinal bypass or gastrectomy?	yes	no
Are you on steroid therapy?	yes	no
Are you 10% or more <b>below</b> your normal body weight?	yes	no

Employee \_\_\_\_\_ Last 4 of SSN# \_\_\_\_\_  
*print name clearly*

Signature \_\_\_\_\_

Date of Birth \_\_\_\_\_ Department \_\_\_\_\_ Date \_\_\_\_\_