

Name: \_\_\_\_\_

BC Eagle ID: \_\_\_\_\_

## Part I: Tuberculosis (TB) Screening Questionnaire

Please answer the following questions:

[Redacted]

Have you been a resident, volunteer, and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)?

Yes  No

Have you been a volunteer or health care worker who served clients who are at increased risk for active TB disease?

Yes  No

Have you ever been a member of any of the following groups that may have an increased incidence of latent TB disease?

Yes  No

[Redacted]

### Part II. Clinical Assessment by Health Care Provider

Clinicians should review and verify the information in Part I. Persons answering YES to any of the questions in Part I are candidates for either Mantoux tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA) unless a previous positive test has been documented.

History of positive TB skin test or IGRA blood test? (If yes, see the document below)  Yes  No

[Redacted area]

History of BCG vaccination? (If yes, consider IGRA if possible)  Yes  No

[Redacted area]

4. Chest x-ray: (Required if IGRA or TST is positive. Note: a single PA view is indicated in the absence of

HEALTH CARE PROVIDER

Signature of Provider

Printed Name:

Date

Mailing Address

\_\_\_\_\_

