Appendix C: Annual Tuberculosis Screening Questionnaire

GSU Annual Tuberculosis Screening Questionnaire For Employees Enrolled in the GSU Employee Occupational Health Program With Positive PPDs

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>PantherCard #</th>
<th>Email Address</th>
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Instructions: Please answer the following questions truthfully. Fill-in or circle the appropriate answers please:

1. How many millimeters was your positive PPD test (if known): ___mm Date: ____
2. Have you ever taken the BCG vaccine? Y / N
3. When was your last Chest X-Ray (CXR) taken: _______________________
4. Did you successfully complete 6 months of INH chemoprophylaxis therapy? Y / N
5. If yes where and when? _______________ Date: _______
6. If no, reason for not taking the INH protocol: _____________________________
7. Have you experienced any of the following symptoms within the past year?
   a. Persistent productive cough? Y / N
   b. Coughing up blood? Y / N
   c. Chest pain? Y / N
   d. Shortness of breath/difficulty breathing? Y / N
   e. Unexplained fever lasting more than 3 days? Y / N
   f. Unexplained night sweats? Y / N
   g. Unexplained sudden weight loss? Y / N
   h. Unexplained fatigue/run down feeling? Y / N
8. Have you sought medical care for chest symptoms within the past year? Y / N
9. Have you lived with or been in close contact with someone who had TB disease? Y / N
10. Considering the list of countries/continents below:
   a. Africa
   b. Asia: China, Mongolia, Vietnam, Korea, Indonesia, India, Pakistan & Bangladesh
   c. Eastern Europe: Russia and former Soviet Union States, Armenia
   d. Latin America: Mexico, Guatemala, South America
   e. Caribbean Islands: Jamaica, Dominican Republic, Haiti, Cuba, Trinidad & Tobago
   f. Pacific Islands including the Philippines; excluding Hawaii
   1. Were you born in one of these countries? Y / N
2. Have you stayed in one of these places for one month or longer?  Y / N

3. Have you lived with or been in close contact with someone who stayed or lived in one of these countries for one month or longer?  Y / N

If you answered yes to any of the above questions please explain:
______________________________________________________________

I certify that the information contained on this TB Questionnaire is true and correct. I hereby understand that if any of the above responses are “Yes” that I will be re-evaluated by GSU Employee Occupational Health to rule out the presence of active tuberculosis. Furthermore, I may be required to have a current chest film done and lab testing to obtain a clearance from the GSU Employee Occupational Health Program.

Employee Signature & Date: ____________________________ Date: ___________

Please submit completed form to MMPVAE@gsu.edu