



## TUBERCULOSIS SKIN TEST QUESTIONNAIRE

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

Answer Yes or No to the following questions. If the answer is Yes to any of the questions, the First Med nurse will perform a more detailed assessment.

- 1) **FEMALES**: Are you pregnant? Yes or No
- 2) Have you had a measles (MMR) or Varicella injection in the last 30 days? Yes or No
- 3) Have you ever had a TB skin test? Yes or No
- 4) Have you ever had a positive TB skin test? Yes or No
- 5) Have you ever had a BCG immunization? Yes or No
- 6) Have you had a TB skin test in the last six weeks? Yes or No
- 7) Have you ever had Tuberculosis? Yes or No
- 8) Have you ever had contact or been exposed to anyone with Tuberculosis? Yes or No
- 9) Has a doctor advised you to not have a TB test done? Yes or No
- 10) Is there any reason you should not have a TB skin test? Yes or No

If Yes, Why? \_\_\_\_\_

I hereby certify that the above answers are true to the best of my knowledge, and I request a TB skin test to be performed at First Med Urgent Care. I understand in order for this test to be considered valid, I must return within 48 to 72 hours for a TB skin test reading.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_