

Occupational Health CONFIDENTIAL

Tuberculosis Screening Questionnaire

Surname			First name
College/department			Date of Birth
Email			Date
he information that you supply on this questionnaire will be held in confidence by the University Occupational Health Service as part of our occupational health record. For full details of how your personal information is used by the University Occupational Health Service, lease see http://www.oh.admin.cam.ac.uk/general-information/confidentiality-statement			
lease answer Yes (Y) or No (N) to the following questions.			
	Υ	N	Comments
Immunisation and investigation history Have you:			
(a) Had a BCG vaccination?			If yes please give date of vaccination:
If 'yes' do you have:			
a visible BCG scar?			If yes please give site on body:
documented evidence of BCG vaccine?			
(b) Had a PPD screening test, i.e. Heaf or Mantoux test?			If yes please give dates and results:
(c) Had an Interferon Gamma Release Assay (IGRA)			If yes please give date and result:
blood test? (QuantiFERON – TB Gold or T-Spot)			If you places give date and requite
(d) Had a chest x-ray?			If yes please give date and result:
If 'yes' do you have a copy of the report?			If you to any of the sweetings help who have a six a detay and
2. Symptom history Have you:			If yes to any of the questions below please give dates and details:
(a) any history of tuberculosis (TB) infection?			
(b) in the past year had:			
a cough lasting for more than 3 weeks?			
weight loss for no obvious reason?			
a persistent fever?			
heavy night sweats?			
 fatigue or a general or unusual sense of tiredness? 			
loss of appetite?			
coughing up blood (haemoptysis)?			
swollen glands or joints?			
 recurrent/persistent kidney/bladder infections? 			
3. Risk factors			
(a) In which country were you born?			Country
Have you:			
(b) had any family history of TB?(c) had household or close lengthy contact with somebody with	Ш		If yes please give dates and details:
infectious TB?			
(d) participated in high risk work over the last year?			
4. High prevalence areas			If yes please give dates and duration for each country:
Have you lived or worked in a country with a high rate of TB i.e., >40/100,000 per population for more than 3 months? (see website below to check this information)			
http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1195733758290			
5. Current / recent illness			If yes please give dates and details:
Have you any history of the following:			
(a) immunosuppressive or corticosteroid therapy?			
(b) a malignant condition?			
(c) HIV?			<u> </u>
6. Recent vaccinations			If yes please give dates and names of vaccines:
Have you received any vaccinations within the last 4 weeks?		Ш	
Student/employee signature: Date:			

Surname: First name: Initial assessment Yes No No Yes Mantoux test required To discuss with OHP OHP appt required Quantiferon TB test (IGRA) required Screening complete Chest X-ray required OHA/OHCN/OHT signature: Name stamp: Date: Before repeat IGRA test If yes to any of the questions please Since your last IGRA test have you had: Ν give dates and details: a cough lasting for more than 3 weeks? weight loss for no obvious reason? a persistent fever? heavy night sweats? fatigue or a general or unusual sense of tiredness? loss of appetite? coughing up blood (haemoptysis)? swollen glands or joints? recurrent/persistent kidney/bladder infections? Any current immunosuppressive medication/health condition? Any vaccinations within the last four weeks? Student/employee signature: Date: Before repeat IGRA test If yes to any of the questions please Since your last IGRA test have you had: give dates and details: a cough lasting for more than 3 weeks? weight loss for no obvious reason? a persistent fever? heavy night sweats? fatigue or a general or unusual sense of tiredness? loss of appetite? coughing up blood (haemoptysis)? swollen glands or joints? recurrent/persistent kidney/bladder infections? Any current immunosuppressive medication/health condition? Any vaccinations within the last four weeks? Student/employee signature: Date:

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