Wake Forest™
Baptist Medical Center

Employee Health Services

TUBERCULOSIS BASELINE HISTORY QUESTIONNAIRE

		YES	NO
1.	Were you born in the United States? If NO, what is your country of origin? _____	☐	☐
2.	Have you been vaccinated with BCG?	☐	☐
3.	Have you ever had a positive TB skin test? If YES, when? _____ ***Please provide documentation of your positive TB skin test to Employee Health***	☐	☐
4.	Have you ever had an abnormal chest x-ray? If YES, when? _____ ***Please provide most recent Chest X-ray with results/reading to Employee Health***	☐	☐
5.	Have you ever been treated with medication for a positive TB skin test? [anti-TB medication, i.e. isoniazid (INH), rifampin (RIF), rifapentine (RPT), etc.] If YES, name of medication(s): _____	☐	☐
	Did you take all of the medication until the health care provider told you that you were finished? ***Please provide documentation of your medication treatment to Employee Health***	☐	☐
6.	Have you travelled outside the United States and lived more than a month? If YES, where and when? _____	☐	☐
7.	Do you currently take immunosuppressant medication or steroids?	☐	☐
8.	Have you been in close contact with someone who was recently diagnosed with TB (e.g. roommate, close friend, shelter)	☐	☐

Name (PRINT): _____ Date: _____

Signature: _____ Date of Birth: _____

Department Name: _____ Department Number: _____

Work Extension/Number: _____

- Please complete, print, and **sign**. Return form to Employee Health
- Fax: 336-716-6127 or Scan and Email to: EH Front Desk (EHFTDESK@WAKEHEALTH.EDU)