

SCHOOL DISTRICT OF BAYFIELD
Risk-based Tuberculosis Screening Questionnaire

This brief survey will identify those who need a TB test (skin test or blood test) and/or a medical evaluation and chest X-ray. It is meant to identify persons at risk of either active TB disease, or with a risk of progressing from TB infection (which cannot be transmitted to others) to active TB disease (which can be given to others). Thank you for completing this survey honestly. This will help us decrease the risk of tuberculosis in Wisconsin.

A. I have one or more of the following: (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Cough lasting longer than three weeks | <input type="checkbox"/> Fevers |
| <input type="checkbox"/> Unplanned weight loss | <input type="checkbox"/> Cough with bloody sputum |
| <input type="checkbox"/> Night sweats | |
| <input type="checkbox"/> None of the above | |

**B. I have one or more of the following medical conditions (do not check conditions)
 I do not have any of the following medical conditions**

- HIV infection
- Diabetes mellitus
- Immunosuppressive therapy (including steroids, chemo- or radio-therapy, immunomodulators for arthritis, Crohn's disease, etc.)
- Chronic renal failure
- Hematologic disorders such as leukemia or lymphoma
- Malignant cancers such as cancer of the head or neck
- Pulmonary silicosis
- Gastrectomy or jejunioileal bypass

**C. One or more of the following applies to me (do not check individual statements below)
 None of the following apply to me**

- I have lived or worked or volunteered in a prison or jail, health care facility, nursing home or long-term care facility, shelter for homeless persons, or overseas clinic
- I was born in a country other than the US, Canada, Western Europe, or Australia
- I have lived in inner-city Milwaukee
- I have travelled to an area with high rates of TB since I was last tested
- I have been homeless
- I have used illegal drugs
- I have used excessive alcohol or am an alcoholic
- I know someone who has or had tuberculosis
- I have been treated before for tuberculosis

- D. My skin test or TB blood test has been positive before
 My skin test or TB blood test has always been negative
 I have never had a TB skin test or blood test.
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By signing this document, I acknowledge that my answers on the TB risk screening are true to the best of my knowledge. I also acknowledge that this document will be placed in my District personnel file.

Signature

Date

ADOPTED: December 9, 2013