WESTHAVEN COMMUNITY

"A MINISTRY OF THE EVANGELICAL FREE CHURCH"

TB QUESTIONNAIRE

_____	_____	_____	__/__/____
Last Name	First Name	Middle Initial	Date

Date of Birth: __/__/____ Social Security Number #: ___/__/____

1. Have you had a cough that has lasted longer than three weeks? ___Yes ___ No
2. In the past three months:
   - Have you coughed up blood? ___Yes ___No
3. Have you ever had a positive TB skin test? ___Yes ___No
4. Have you recently had the mucous you coughed up tested for TB? _ __Yes ___No
5. Have you ever been told you had TB? ___Yes ___ No
6. Have you ever taken medicine for TB? ___Yes ___ No
7. Have you ever lived with or had close contact with someone that had TB? ___Yes ___No

Print Name: _____ Date: _____

Signature: _____ Date: _____

Nurse Review:_____ Date: _____

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