Department of Veterans Affairs

VHA EMPLOYEE OCCUPATIONAL HEALTH (EOH) TUBERCULOSIS SCREENING

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PLEASE ANSWER ALL QUESTIONS COMPLETELY

NOTE: This information is for official and medically confidential use only and will not be released to unauthorized persons.

PRINTED FULL NAME *(First, MI, Last)*:	EXAMINING FACILITY:	DATE OF EXAM *(MM/DD/YYYY)*:
ADDRESS *(Street, City, State, Zip)*:	LAST FOUR SSN:	PHONE NUMBER *((999) 999-9999)*:
DATE OF BIRTH *(MM/DD/YYYY)*:	CURRENT OCCUPATION:	

SECTION 1: TUBERCULOSIS SCREENING

PART 1: TB RISK ASSESSMENT

HAVE YOU EVER HAD CLOSE CONTACT WITH PERSONS KNOWN OR SUSPECTED OF HAVING ACTIVE TUBERCULOSIS *(TB)* DISEASE?

☐ YES ☐ NO

HAVE YOU HAD TEMPORARY OR PERMANENT RESIDENCE >1 MONTH IN A COUNTRY WITH A HIGH TB RATE *(any country other than the United States, Canada, Australia, New Zealand, and those in Northern Europe or Western Europe)*?

☐ YES ☐ NO

DO YOU HAVE CURRENT OR PLANNED IMMUNOSUPPRESSION *(Including human immunodeficiency virus (HIV) infection, organ transplant recipient, treatment with a TNF-alpha antagonist, use of chronic steroids, or take other immunosuppressive medications)*?

☐ YES ☐ NO

PART 2: TB SYMPTOM EVALUATION

ARE YOU CURRENTLY EXPERIENCING A COUGH LASTING 3 WEEKS OR LONGER, PAIN IN THE CHEST, COUGHING UP BLOOD OR SPUTUM *(phlegm from deep inside the lungs)*?

☐ YES ☐ NO

ARE YOU CURRENTLY EXPERIENCING WEAKNESS, FATIGUE, WEIGHT LOSS, NO APPETITE, CHILLS, FEVER, OR SWEATING AT NIGHT?

☐ YES ☐ NO

PART 3: TB TEST

HAVE YOU EVER HAD A POSITIVE TB TEST?

☐ NO *(If NO, skip to CERTIFICATION)*: ☐ YES *(If YES, answer the following)*:

Were you evaluated by a health care provider for your positive TB test? ☐ YES ☐ NO

Did you complete treatment for your positive TB test? ☐ YES ☐ NO

If you completed treatment for a positive TB test, when did you complete treatment? Date *(MM/DD/YYYY)*: _____

**Please submit proof of evaluation by a health care provider and/or treatment to EOH.*

CERTIFICATION: I certify that my answers to the above are full and true. I understand that falsification of information on Government forms is punishable by fine and/or imprisonment.

APPLICANT/EMPLOYEE SIGNATURE:	DATE *(MM/DD/YYYY)*