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|----------------|--------|
| Name | DOB |
| Address | Phone: |
| City/State/Zip | |

Date of last PPD _____ PPD Results _____ MM

Date of IGRA (e.g., Quantiferon/T-Spot) test: _____ Results): Negative Positive

Date of Last Chest X-Ray: _____ Results: Positive for TB Negative for TB

1. Have you ever been told you have active tuberculosis? Yes No

2. Have you ever taken Isoniazid (INH) or Rifampin (RIF)? Yes No

3. Date and duration of medication regime _____ (months)

4. Have you ever had BCG Vaccination? Yes No If yes, when? _____

(If you have had the BCG vaccination, it is C()ser(e)-3 f(e)-3 rre t72.9 hd you(o)-6.6 to Gan(l)1 GRe n(o)-4.3 r T)