



Richmond County Board of Health Questionnaire

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Month-Date-Year)

Parent's Name/Names (If applicable) \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work: \_\_\_\_\_ Cell \_\_\_\_\_

City/Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Weight: \_\_\_\_\_

1. Have you ever had a reactive or positive TB skin Test? Yes \_\_\_\_\_ No \_\_\_\_\_  
A. If yes, Results \_\_\_\_\_ When \_\_\_\_\_ Where \_\_\_\_\_
2. If you had a reactive or positive skin test, did you take medicine? Yes \_\_\_\_\_ No \_\_\_\_\_  
A. If yes, When \_\_\_\_\_ Where \_\_\_\_\_  
B. What is the name of the medicine you took for the reactive or positive TB skin test?  
\_\_\_\_\_
3. Have you ever been treated for active TB disease? Yes \_\_\_\_\_ No \_\_\_\_\_  
A. If yes, when \_\_\_\_\_ Where \_\_\_\_\_
4. If you have ever been treated for active TB disease, what is the name of each medicine you took:  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_
5. Do you take any medications for any reason? Yes \_\_\_\_\_ No \_\_\_\_\_  
A. If yes, name them: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_
6. Are you allergic to any medications? Yes \_\_\_\_\_ No \_\_\_\_\_  
A. If yes, list the medication(s) that you are allergic to: \_\_\_\_\_
7. Have any of your friends, co-workers, or family been treated for active TB Disease? Yes \_\_\_\_\_ No \_\_\_\_\_  
A. If yes, When \_\_\_\_\_ Where \_\_\_\_\_
8. Are you now or have you recently been on steroid medication? Yes \_\_\_\_\_ No \_\_\_\_\_
9. Have you ever had a chest X-Ray? Yes \_\_\_\_\_ No \_\_\_\_\_  
A. If yes, why \_\_\_\_\_ When \_\_\_\_\_ Where \_\_\_\_\_  
B. Was chest x-ray normal? Yes \_\_\_\_\_ No \_\_\_\_\_
10. Have you had any of the following symptoms? Please check all that apply:  
Cough for 2-3 weeks \_\_\_\_\_ Fever \_\_\_\_\_ Night Sweats \_\_\_\_\_ Weight Loss \_\_\_\_\_  
Loss of appetite \_\_\_\_\_ Loss of Energy \_\_\_\_\_ Coughing up blood \_\_\_\_\_ Chest problems \_\_\_\_\_  
Problems breathing \_\_\_\_\_ Chills \_\_\_\_\_
11. Do you have any of the following medical conditions? Please check all that apply  
Diabetes \_\_\_\_\_ Kidney disease \_\_\_\_\_ Lung problems \_\_\_\_\_ bleeding problems \_\_\_\_\_  
History injury or disease of chest \_\_\_\_\_ Cancer \_\_\_\_\_ Alcohol or drug use \_\_\_\_\_  
HIV/AIDS \_\_\_\_\_ Hepatitis \_\_\_\_\_ what kind? \_\_\_\_\_  
Stomach or Intestinal Surgery \_\_\_\_\_ Pregnant \_\_\_\_\_ stomach or intestinal surgery \_\_\_\_\_  
Asbestos exposure \_\_\_\_\_ heart disease \_\_\_\_\_ bone/joint disorder \_\_\_\_\_ arthritis \_\_\_\_\_  
Organ transplant \_\_\_\_\_ G6PD \_\_\_\_\_ Leukemia \_\_\_\_\_
12. Do you smoke? Yes \_\_\_\_\_ No \_\_\_\_\_  
A. If yes, how many cigarettes do you smoke a day? \_\_\_\_\_
13. Are you an immigrant to the United States? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, Country of origin \_\_\_\_\_ Year you arrived in U.S. \_\_\_\_\_
14. Have you ever had a BCG Vaccine? Yes \_\_\_\_\_ No \_\_\_\_\_



Richmond County Board of Health Permission Form for  
TB Skin Testing

Please indicate your choice:

\_\_\_\_ I prefer for the Richmond County Health Department to come to the school to place my TB skin test on my arm and look at my arm for results 2 days later.

\_\_\_\_ I prefer to come to the Richmond County Health Department to place have my TB skin test place in my arm and I will return to the health department 2 days later for them to look at my arm for results.

\_\_\_\_ I prefer to be evaluated by my private doctor. I will ask my private doctor to fax you the enclosed form which will inform you of results.

Name of Person Being Tested \_\_\_\_\_

I hereby authorize the Richmond County Board of Health to render the Tuberculin Skin Test (PPD) to the above named person.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

**Below for Health Department Use Only**

\_\_\_\_\_  
PPD Lot #

\_\_\_\_\_  
Public Health Nurse/Official

\_\_\_\_\_  
Date Given

\_\_\_\_\_  
Reading in MM

\_\_\_\_\_  
Public Health Nurse/Official

\_\_\_\_\_  
Date Read

