

TB tests are given in Employee Health (1st floor 1951 bldg) except Thursday. Return 2 days later for results. Call 456-4485 for an appointment.

ADULT VOLUNTEER/STUDENT HEALTH SCREENING

Name: _____ Spouse or Next of Kin: _____
Address: _____ Phone # _____
Date of Birth _____ Physician: _____ Clinic: _____

Medical History (Check those you have or have had)

- Arthritis, Backaches & Strain, Dermatitis, Diabetes, Bleeding (excessive), Epilepsy, Asthma, High Blood Pressure, Fainting Spells, Paralysis, Rheumatic Fever, Scarlet, Chronic Cough, Heart Trouble, Tuberculosis or Positive TB Test

TB Risk Screening- Please check any of the following that apply to you:

- Close contact with someone suspected of having TB
Born in Asia, Africa, Latin America, Eastern Europe, Russia
Resident or employee of correctional institution, nursing home, homeless shelter, long-term residential facility
Health care worker for high-risk clients
High-risk racial or ethnic populations including Asian & Pacific Islands, Hispanic, African American, Native American, migrant farm workers, homeless persons
Previously have injected illicit drugs

Have you had the disease or received immunizations for the following: (Date of last shot)

- M, MR, MMR, Chicken Pox, Tetanus, Hepatitis B, Diphtheria, Polio, Influenza

Do you have any present health problems? _____ If yes, describe: _____

Have you had any serious injuries or illness? _____

Do you have any communicable diseases? _____ If yes, describe: _____

Signature _____ Date _____