

University of Colorado Denver GME RESIDENT
TB questionnaire for Positive PPDs only.

COMPLETION OF THIS FORM IS REQUIRED **ANNUALLY**.

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| Please print name (Last, first): | |
| Date of Birth: | Program: |

Because you have tested positive on your PPD test, you are unable to have a skin test applied. Please answer the following questions to help determine your status with regards to Tuberculosis.

1. Have you had a BCG vaccination? Y N
Approximate date: _____

2. Date of + PPD: _____

3. Date of last chest x-ray: _____

4. To your knowledge, have you had any contact with Tuberculosis patients since last chest x-ray or questionnaire? Y N

If yes, please explain: _____

5. Have you had any cough greater than 2 weeks duration? Y N

If yes, please explain: _____

6. Have you had any fever in the last few months? Y N

If yes, please explain: _____

7. Have you had any unexplained weight loss in the last few months: Y N

If yes, please explain: _____

Please report above symptoms to your physician for further analysis.

Signature: _____ Date: _____

Return this form to KJL HealthCare Management; 10746 E. Dorado Ave.,
Englewood CO 80111 or fax to 303-290-6794

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| GME use Reviewed by: _____ Date _____ | Revised 2/2008 |
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Printable version available online at <http://www.uchsc.edu/gme/heaform.htm>