

Name _____

**HAMPSHIRE COUNTY SCHOOLS
TUBERCULOSIS QUESTIONNAIRE
NEW EMPLOYEES/VOLUNTEERS**

PART I: Criteria

Read the list of criteria below and check the one that applies:

- Have you been in contact with a case of TB?
- Are you homeless?
- Were you born or have you lived in a TB endemic country?
- Have you visited a TB endemic country for > than 2 months?

Check one:

_____ I meet at least one of the criteria above.

_____ I do not meet any of the above criteria.

PART II: Medical Conditions

Read the list of medical conditions below and check the one that applies:

- Do you have diabetes mellitus?
- Are you HIV positive?
- Do you have COPD/Black Lung/Silicosis?
- Do you have an autoimmune disorder?
- Are you immunocompromised?
- Are you on or using immune-compromising therapies?

Check one:

_____ I meet at least one of the medical conditions above.

_____ I do not have any of the above medical conditions.

(Print Name)

(Signature)

Date

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FOR OFFICE USE ONLY

_____ Cleared for employment or volunteer

_____ Referred to the Hampshire County Health Department