



**CU SCHOOL OF MEDICINE GRADUATE MEDICAL EDUCATION (GME)
Program for Resident Occupational Health (PROHealth)**

QUESTIONNAIRE FOR RESIDENT WITH POSITIVE TUBERCULIN TEST

Please print legibly:

Name _____ Training Program _____

Email _____ Pager or cell phone _____

1. Do you have any of the following symptoms (check all that apply)?
 - Cough lasting more than 3 weeks
 - Coughing up blood
 - Fever in the past 3 months
 - Chills in the past 3 months
 - Night Sweats in the past 3 months
 - Loss of appetite in the last 3 months
 - Weight loss of 10 pounds or more
 - Shortness of breath recently
 - Difficulty breathing recently
 - Chest pain recently
 - Easily fatigued
 - Weakness recently
 - None

2. Have you had any illness in the past year that might weaken your immune system (e.g. diabetes, kidney disease, cancer, HIV)? Yes No
3. Have you traveled outside the U.S within last 12 months? Yes No
4. Has any family member been treated for Tuberculosis? Yes No
5. In the past year, have you been taking any medications that may weaken the immune system like chemotherapy, steroids, etc? Yes No
6. Have you had a BCG vaccination? Yes No
Approximate date: _____
7. Date of positive PPD : _____ Result: _____mm
8. Date of last chest x-ray: _____

**Scan and email (preferred method) completed form to PROHealth@dhha.org
or fax to 303-436-5407. Call 303-602-4774 with questions.**

OFFICE USE ONLY:

Plan (circle one):

1. Chest Film 2. Referral 3. Other (describe): _____

Provider Signature: _____ Date: _____