Positive PPD or Positive QuantiFERON-TB Gold Data Sheet

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<thead>
<tr>
<th>Name</th>
<th>Today’s Date</th>
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<thead>
<tr>
<th>ID</th>
<th>Date of Birth</th>
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1. Country of Birth/Countries where you have lived: ______________________

2. Have you ever had a positive skin test for tuberculosis (positive PPD)?
   - Yes
   - No/Unknown
   - If yes, when? ______________________

3. Have you ever had a positive blood test for tuberculosis?
   - Yes
   - No/Unknown
   - If yes, when? ______________________

4. Have you ever had a known exposure to active tuberculosis (TB)?
   - Yes
   - No/Unknown
   - If yes, explain ______________________

5. Have you ever been told you had active tuberculosis (TB)?
   - Yes
   - No
   - If yes, when? ______________________

6. Have you been treated in the past for active tuberculosis (TB)?
   - Yes
   - No
   - If yes, explain ______________________

7. Have you been treated for a positive TB test (either skin or blood)?
   - Yes
   - No
   - If yes, explain ______________________

8. Have you ever been told you had an abnormal Chest X-Ray?
   - Yes
   - No
   - If yes, explain ______________________

9. Do you have the following symptoms?
   - Prolonged Cough
     - Yes
     - No

   - Unexpected Weight Loss
     - Yes
     - No

   - Night time Fevers or Sweats
     - Yes
     - No

10. Do you have any ongoing medical conditions which required medical treatment?
    - Yes
    - No
    - If yes, explain ______________________

11. Do you have any liver diseases?
    - Yes
    - No
    - If yes, explain ______________________

12. Do you take any medicines?
    - Yes
    - No
    - If yes, what? ______________________

13. Are you allergic to any medications?
    - Yes
    - No
    - If yes, what? ______________________

14. Do you follow a vegetarian or special diet?
    - Yes
    - No

15. How much alcohol do you drink per week? ______________________

*Females only: Are you pregnant or thinking of becoming pregnant in the next 9 months?*  
- Yes
- No