

**Valley Infectious Disease Associates Travel Medicine Clinic**

**340 Dardanelli Lane, Suite 20**

**Los Gatos, CA 95032**

**Phone: 408-374-4280**

**FAX: 408-374-4289**

**Web address: [www.travelmedicineclinic.net](http://www.travelmedicineclinic.net)**

**Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

Medical History for TB screening test:

1. Were you born in the USA? Y/N
  - If no, what is your country of birth? \_\_\_\_\_
  - What year did you come to the USA? \_\_\_\_\_
  
2. Have you traveled or lived outside the USA in the past 2 years? Y/N
  - If yes, where and how long? \_\_\_\_\_
  
3. Have you ever had a TB skin test? (Bubble under the skin, not prong test) Y/N
  - If yes, what the result?      Positive      Negative      Don't know
  - If "positive" what was the size of the reaction? (How many mm) \_\_\_\_\_
  - If yes, when was your last test: \_\_\_\_\_
  
4. Have you ever received the BCG vaccine?      Yes      No      Don't know
  - If yes, what year did you receive the BCG vaccine? \_\_\_\_\_
  
5. Have you ever been treated for TB disease?      Yes      No      Don't know
  - If yes, what medications did you take? \_\_\_\_\_
  
6. Have you ever had a chest x-ray?      Yes      No      Don't know
  - If yes, when was your last chest x-ray? \_\_\_\_\_
  - What was the result? \_\_\_\_\_
  
7. Has your doctor ever told you your immune system isn't working right? Y/N
  
8. Has your doctor ever told you your body can't fight infections? Y/N

**Mantoux (PPD) Tuberculosis Test and Result**

Date PPD test given: \_\_\_\_\_ Arm: \_\_\_\_\_ Given by: \_\_\_\_\_

Date PPD test read: \_\_\_\_\_ Result: \_\_\_\_\_ Read by: \_\_\_\_\_

Physician comments or interpretation, if needed: \_\_\_\_\_