

**Texas Spine and Joint Hospital
TB Questionnaire**

1. Have you been treated in the past for TB? Yes ___ No ___
2. Have you ever had a positive TB Skin Test? Yes ___ No ___
3. Do you have any of the following symptoms?
- a. Chronic cough? Yes ___ No ___
 - b. Sputum production? Yes ___ No ___
 - c. Night sweats? Yes ___ No ___
 - d. Fever? Yes ___ No ___
 - e. Involuntary weight loss? Yes ___ No ___
 - f. Chronic fatigue Yes ___ No ___

If yes to any above, please explain:

4. Physician review to positive answers:

5. Have you ever completed the Hepatitis B Series Yes ___ No ___

6. Do you any history of natural rubber/latex allergy: Yes ___ No ___

Date of last physical exam: ___ / ___ / ___

Examining Physician: _____

Physician Address: _____

Signature of Applicant:

_____ **Date:** _____