



Bradford-Tioga Head Start, Inc



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VOLUNTEER TUBERCULOSIS (TB) SCREENING QUESTIONNAIRE

In accordance with Pennsylvania State Regulations, Tb screening must be conducted on a "facility" person (regular volunteer) who serves in a child day care center or Head Start classroom. A Bradford-Tioga Head Start, Inc. volunteer is any unpaid individual who performs tasks/duties in the classroom. Volunteers must be at least 14 years of age or older to volunteer unless pre-approved by the Executive Director.

Please answer the questions below and return the form to Head Start center staff.

TB HISTORY:

1. Have you ever had a positive TB skin test?

Yes

No

Don't Know

2. Have you ever had an abnormal chest x-ray?

Yes

No

Don't Know

If yes, how long ago? _____

3. Have you recently had the mucous you cough up tested for TB?

Yes

No

Don't Know

If yes, were you told it was positive for TB? _____

4. Have you ever been told that you have Infectious Tuberculosis?

Yes

No

Don't Know

If yes, how long ago? _____

5. Have you ever been treated with medication for Infectious TB?

Yes

No

Don't Know

If yes, how many medications? _____

6. Are you still taking TB medications?

Yes

No

7. Do you live with or have you been in close contact with someone who was recently diagnosed with TB?

Yes

No

Don't Know

CURRENT SYMPTOMS:

Do you have a cough that has lasted longer than three weeks?

Yes No

Do you cough up blood or mucous?

Yes No

Have you lost your appetite?

Yes No

Have you lost weight (more than 10 lbs.) in the last two months?

Yes No

Do you have night sweats?

Yes No

Comments: _____

Classroom you will be volunteering in: _____

Name (printed): _____

Signature: _____

Date: _____

The information and questions in this Risk Assessment were taken from the U.S. Department of Labor/
Occupational Safety & Health Administration website: www.osha.gov