



As part of your examination for a tuberculosis (TB) infection, it is important for us to know whether your present health status or history can affect this test. Would you please answer the following questions for us. Fill out this form as completely as possible and bring it along when you visit us. If you have a valid ID (such as a passport or drivers license) and Health Insurance card, please also bring them along when you visit us.

Health Check-List

Last Name / Family name: _____

First name: _____

Gender: Male Female

Date of birth:

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Adress: _____

Postcal Code: _____

City: _____

Telephone: _____

General Practitioner (GP): _____

Name Health Insurance: _____

Clientnumber Insurance: _____

Citizen service number (BSN): _____

1. Did you suffer from or have you been treated for TB in the past? Yes No

2. Were you previously examined with a tuberculin skin test for TB ("Mantoux" test) Yes No
 If yes
 - When was the last test?
 - Do you know the result in mm?

3. Are you vaccinated against TB ("BCG vaccination")? Yes No
 If yes, at what age? < 1 year
 > 1 year
 unknown

4. Did you ever had contact with TB patients? Yes No
 If yes:
 - When was the last contact before the diagnosis was made?
 - What relationship did you have with this person (e.g. family, colleague)?
 - How often did you see this person?

5. In which country were you born?
 If not been in in the Netherlands, When did you arrive in the Netherlands?
 In which country were your parents born?and.....

6. Did you live or travel in a country with a high risk for TB in the past 5 years, in particular Asia/Africa/Eastern Europe?

Yes No

If yes, when and how long and in which countries?

Do you have symptoms of:

- coughing Yes No
- fever Yes No
- night sweats Yes No
- weight loss Yes No

If yes:

How long are you coughing?

Do you have productive cough (produce mucus)?

Did you visit your General Practitioner for these symptoms?

7. Do you have or did you suffer from:

	Yes	No
Diabetes		
Chronic renal failure dialysis		
Organ transplantant		
Auto-immune diseases like rheumatism, rheumatoid arthritis, psoriasis, ulcerative colitis, Crohn's disease.		
Sarcoidosis (sarcoid)		
Cancer in the past two years		
HIV/Aids		
Silicosis (miners)		

8. Do you take any medication? Yes No

If yes, do you take medication possibly affecting your immune system?;

- Corticosteroids (e.g. Prednison) longer than four weeks
- Medication for cancer
- Immunosuppressives (used for auto-immune diseases like rheumatoid arthritis, psoriasis, ulcerative colitis, Cron's disease etc.)
- Do you take anticoagulants, diabetic medication, anti-epileptic drugs, antidepressants?

Please write down the names of all the medication you take:

.....

9. Did you have a MMR or yellow fever vaccin in the last 6 weeks?

Yes No

Signature

By signing this statement, I give permission to ask my GP/Specialist for medical information if necessary. (if the client is under 16 years old, signed by parent / guardian)

Date:

| | | | |

Signature

Conclusion doctor:

In te vullen door GGD medewerker

	mm	datum
THT 1e ronde		
THT 2e ronde		

	uitslag	datum
IGRA 1		
IGRA 2		