NOAA Form 57-10-02
(4-12) Page 1 of 2

U.S. DEPARTMENT OF COMMERCE
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION

TUBERCULOSIS SCREENING FORM

FULL NAME (LAST, FIRST MIDDLE)	DATE

1. Have you ever had a positive Tuberculosis (TB) test? ○ YES ○ NO

   1a. If yes, indicate the date of your last positive TB test. _____

2. Is this the first time your TB test has been positive, after at least one negative test? ○ YES ○ NO

   2a. If yes, indicate the date of your last negative TB test. _____

3. Have you ever lived with or been in close contact with anyone who had TB disease? ○ YES ○ NO

4. Have you ever had a positive Human Immunodeficiency Virus (HIV) test? ○ YES ○ NO

5. Have you ever used illegal intravenous drugs? ○ YES ○ NO

6. Are you currently taking steroids, chemotherapy, or cancer treating drugs? ○ YES ○ NO

7. Have you ever been incarcerated? ○ YES ○ NO

8. Have you ever been homeless? ○ YES ○ NO

9. Do you have any of the following symptoms?

- Coughing up blood ○ YES ○ NO
- Chronic cough ○ YES ○ NO
- Fever ○ YES ○ NO
- Chronic fatigue ○ YES ○ NO
- Weight loss ○ YES ○ NO
- Night sweats ○ YES ○ NO

10. Do you now or have you had any of the following?

- Blood transfusion before 1985 ○ YES ○ NO

  If yes, when and where? _____
- Multiple sex partners ○ YES ○ NO
- Same sex partners ○ YES ○ NO
- Contaminated needle stick ○ YES ○ NO
- Used injectable drugs ○ YES ○ NO

11. Consider the list of countries / continents listed below. Explain positive response(s) in section 12.

- *AFRICA* (all countries)
- *ASIA* (including China, India, Vietnam, Korea, Indonesia, Pakistan and Bangladesh)
- *EASTERN EUROPE* (including Russia, the former Soviet Union, and Armenia)
- *CENTRAL and SOUTH AMERICA* (all countries)
- *MEXICO*
- *HAITI*
- *PACIFIC ISLANDS* (including the Philippines)

- Were you born in one of these countries? ○ YES ○ NO
- Have you ever stayed or lived in one of these countries for one month or longer? ○ YES ○ NO
- Have you ever lived or been in close contact with someone who stayed or lived in one of these countries for one month or longer? ○ YES ○ NO

TUBERCULOSIS SCREENING FORM

FULL NAME (LAST, FIRST MIDDLE)	DATE

12. Explanations, additional comments, and clarifications.

I certify the information provided is true, accurate, and complete to the best of my knowledge. I acknowledge that falsification of any information on this government document is punishable by fine, imprisonment, or both.

Applicant Signature _____ Date _____

For assistance completing this form, contact;

1.	MOC-A Health Services in Norfolk, VA	Phone: (757) 441-6320	Fax: (757) 441-3760
2.	MOC-P Health Services in Newport, OR	Phone: (541) 867-8820	Fax: (541) 867-8856

MOC HEALTH SERVICES USE ONLY

MOC Health Services Medical Officer Signature _____ Date _____