



A HEAD START,

EARLY HEAD  
START AND

OREGON PRE-  
KINDERGARTEN  
PROGRAM  
SERVING...

Umatilla

Morrow

Grant

Wallowa

Sherman

Wheeler

And Gilliam

Counties

A WIC PROGRAM  
SERVING...

Umatilla,

Morrow, and Wheeler

Counties

A CHILD CARE  
RESOURCE  
REFERRAL  
PROGRAM  
SERVING...

Umatilla  
and  
Morrow  
Counties

A FAMILY  
SUPPORT &  
CONNECTIONS  
PROGRAM  
SERVING

## Tuberculosis Screening

Name: \_\_\_\_\_

1. In the past five years have you lived outside the United States?  No  Yes

If yes, please list where you lived \_\_\_\_\_

2. In the past year have you traveled outside the United States?  No  Yes

If yes, please list where you went to visit \_\_\_\_\_

3. Have you knowingly been exposed to TB?  No  Yes

4. Do you suffer from night sweats?  No  Yes

5. Do you have unexplained fevers?  No  Yes

6. Have you experienced a prolonged cough?  No  Yes

7. Have you experienced unexplained weight loss?  No  Yes

8. Have you ever experienced chest pains?  No  Yes

I understand that any positive answers will be reviewed by a Health Care Professional.

Health Care Professional: \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_