

Valley Infectious Disease Associates Travel Medicine Clinic

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Name: _____ **Birth Date:** _____

Medical History:

1. Were you born in the USA? Y/N

- If no, what is your country of birth? _____
- What year did you come to the USA? _____

2. Have you traveled or lived outside the USA in the past 2 years? Y/N

- If yes, where? _____

3. Have you ever had a TB skin test? (Bubble under the skin, not prong test) Y/N

- If yes, what was the result? Positive Negative Don't know
- If yes, when was your last test: _____
- If positive, what medications did you take? _____

4. Have you ever received BCG vaccine? Yes No Don't know

- If yes, what year did you receive the BCG vaccine? _____

5. Have you ever been treated for TB disease? Yes No Don't know

6. Have you ever had a chest x-ray? Yes No Don't know

- If yes, when was your last chest x-ray? _____
- What was the result? _____

7. Has your doctor ever told you your immune system isn't working right? Y/N

8. Has your doctor ever told you your body can't fight infections? Y/N

Mantoux (PPD) Tuberculosis Test Result

Date PPD test given: _____ Arm: L R _____ Given by: _____

Date PPD read: _____ Induration: _____ Impression: _____

Read by: _____