

**OFFICE OF PROSPECTIVE HEALTH**  
**188 LIFE SCIENCES BUILDING - BRODY SCHOOL OF MEDICINE**  
**INTERVAL HISTORY**  
**744-2070, 744-2417 (FAX)**

Name \_\_\_\_\_ / Name change? (Previous) \_\_\_\_\_  
Department \_\_\_\_\_ Job Title \_\_\_\_\_ Phone \_\_\_\_\_  
Date \_\_\_\_\_ DOB \_\_\_\_\_

1. Have you had any change in your health status, which might affect your work?  
Yes No If yes, please describe \_\_\_\_\_
2. Have you developed any chronic illness in the past year which might affect your work or immune system?  
Yes No If yes, please describe \_\_\_\_\_
3. Are you taking any of the following types of medication (which might affect your susceptibility to infectious diseases)?
  - a. Prednisone or other steroids? Yes No
  - b. Anti cancer drugs? Yes No
  - c. Anti rejection drugs for organ transplant? Yes No
4. Have you developed any new allergies in the past year?  
Yes No If yes, please describe \_\_\_\_\_
5. Do any work activities cause you physical problems?  
Yes No If yes, please describe \_\_\_\_\_
6. Do you work with lasers? (Not laser printers or pointers) Yes No Specify \_\_\_\_\_
7. Do you experience any symptoms with use of latex gloves, such as rash, hives, wheezing, sneezing or runny nose?  
Yes No If yes, please describe \_\_\_\_\_  
If yes, are you now using a non-latex glove? Yes No
8. Have you ever had a positive skin test for tuberculosis? Yes No  
If yes, do you currently have any of the following symptoms? Fever, night sweats, unexplained weight loss, chronic cough or coughing blood? Yes No
9. Have you had any change in work duties or species (If an animal user working in a lab)? Yes No  
If yes, please describe \_\_\_\_\_

**For healthcare providers only:**

10. Do you perform any procedures that could induce cough or aerosolize sputum, such as bronchoscopy, transtracheal aspiration, endotracheal intubation or suctioning, emergency dental, endoscopies or autopsy on suspect or known TB patients? Yes No
11. Respiratory Protection Device used: Have you ever been fit tested for TB respirator? Yes No NA  
OR Do you use a Powered air purifier respirator, due to beard or inability to get a good fit? Yes No NA
12. Do you have any problems breathing or working while wearing your TB respirator or PAPR? Yes No
13. Do you mix, prepare or administer any of the following types of drugs which have been considered "Hazardous" anticancer, antineoplastic or antirejection drugs for organ transplant? Yes No

**For N-95 Respirator users only:**

14. Since your respirator was last fitted, have you gained or lost 20 pounds, had surgery on your face or neck or had dentures installed or removed? Yes No Grown a beard? Yes No
15. Do you perform a seal check to ensure a tight seal each time you wear your TB respirator? Yes No

**For Facilities personnel:**

16. Have you used your respiratory protection to protect from mold or other inhalation exposure in the past year?  
Yes No

Signature \_\_\_\_\_