Y M D

Questionnaire

X-Ray Number

Name	Male Female
Nationality	Date of Entry into Japan Y M D

Please answer the following questions. Circle those that apply and fill out the form.

1. Do you have any of the following symptoms?

·Cough	·Chest pain	·Loss of appetite
·Phlegm	·Night sweats	·Feeling of fatigue
·Fever	·Weight loss	·Other

2. When did you last have a chest x-ray examination?
   M: ( ) D: ( ) Y: ( )
   Results - Normal - Abnormal

3. Have your previous chest x-rays shown any abnormalities?
   → - No - Yes

4. Have you had a BCG vaccination?
   → - No - Yes

5. What was the result of your last tuberculin skin test?
   - Positive - Negative - Unknown

6. Have you ever had any previous serious illnesses (or operations)?
   - No - Yes → Please describe_____

7. Are you currently receiving medical treatment?
   - No - Yes → Please describe _____

8. Presence or absence of tuberculosis history
   - None - Yes→ Did you take tuberculosis medication?
   Which medication did you take? _____

9. Presence or absence of your family history of tuberculosis
   - None - Unknown - Yes →Please choose. Father / Mother /
   Brother or Sister / Uncle or Aunt / Child /
   Grandfather or Grandmother / Other _____

10. Are you pregnant?
    → - No - Unknown - Yes _____ Weeks

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