UPMC | REHABILITATION INSTITUTE

HEALTH QUESTIONNAIRE

For the health and safety of staff and patients, UPMC requires proof of flu vaccination from November through May. Individuals who cannot provide proof of flu vaccination must wear a UPMC provided mask during influenza season while in a UPMC facility.

Name:_____

Emergency Contact: (Name, Phone Number) _____

If under 18, please have parent or guardian fill out the chart below.

		Yes	No	Unsure
1.	Have you had temporary or permanent residence of > 1 month in a country with a high TB rate? (Any country other than the United States, Canada, Australia, New Zealand, and those in Northern Europe or Western Europe)			
2.	Do you have current or planned immunosuppression? (Including HIV infection, organ transplant recipient, treatment with a TNF-alpha antagonist, chronic steroids equivalent of prednisone > 15 mg/day for > 1 month or other immunosuppressive medication)			
3.	Have you been in close contact with someone who has had infectious TB disease?			
4.	Have you had any of the following symptoms of TB for three weeks or longer? Chronic cough, blood-streaked sputum, unexplained weight loss, night sweats, fever, fatigue or shortness of breath			
5.	Do you have a history of a past positive Tuberculosis testing?			
6.	Do you have diarrhea?			
7.	Do you have a skin rash?			
8.	Do you have any eye drainage?			
9.	Have you had chicken pox?			
10.	Have you had measles?			
11.	Have you had German measles (rubella)?			
12.	Have you had mumps?			

Signed:_____ Date:_____

If under 18, please have parent or guardian complete and sign below.

Name:_____ Relationship:_____

Signed:_____ Date:_____