## **QUESTIONNAIRE 1. Tuberculosis examination**

Family name + First name	
Address	
Date of birth	
Gender	🗆 Male 🗆 Female
BSN	
Telephone number	
E-mail address	
V-number	

	Yes	No
1. Have you ever had the disease tuberculosis?		
2. Did you ever had a Mantoux skin test?		
If yes, what was the result? Positive / Negative		
3. Have you been vaccinated with BCG in the past?		
(Notice: BCG vaccination is not ALWAYS part of standard		
vaccination programmes)		
4. Have you had a chest X-Ray made in the past 6 month?		
5. Are you presently treated by or under control of a medical		
specialist or other doctor/practitioner?		
6. Do you have HIV or Aids ?		
7. Did you have an organ transplant?		
8. Are you coughing for a period longer than 3 weeks?		
9. Are you pregnant?		

**IMPORTANT NOTICE:** your information will be registered in an electronic medical file. This electronic file is part of the national TBC electronic medical database of the Netherlands Area Health Authority (= GGD Nederland). TBC departments in the Netherlands can search this database under very strict regulations. Privacy is guaranteed. If you have any objections against your information being shared within the TBC national network, you can lodge an objection. You can obtain the required form at the TBC department of your local GGD, where you should also return it. **PLEASE complete this questionnaire and have it with you during your consultation.**