

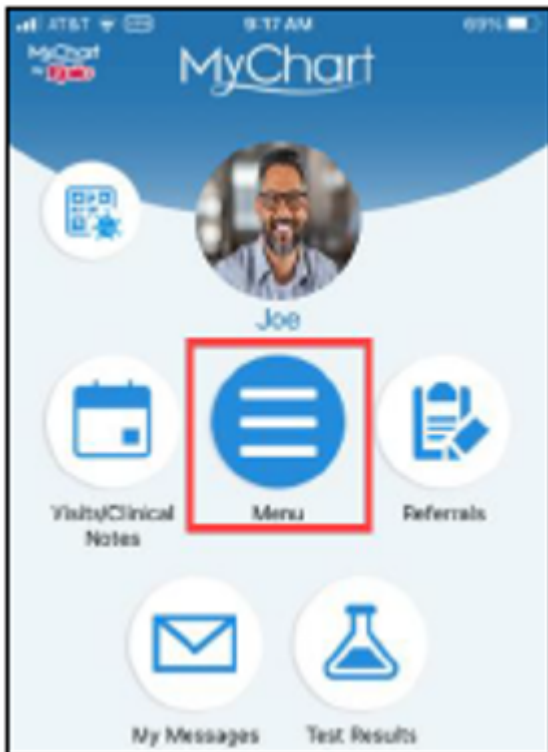
## Annual TB Screening Questionnaire

This document will show you how to access and complete the Annual TB Questionnaire through MyChart.

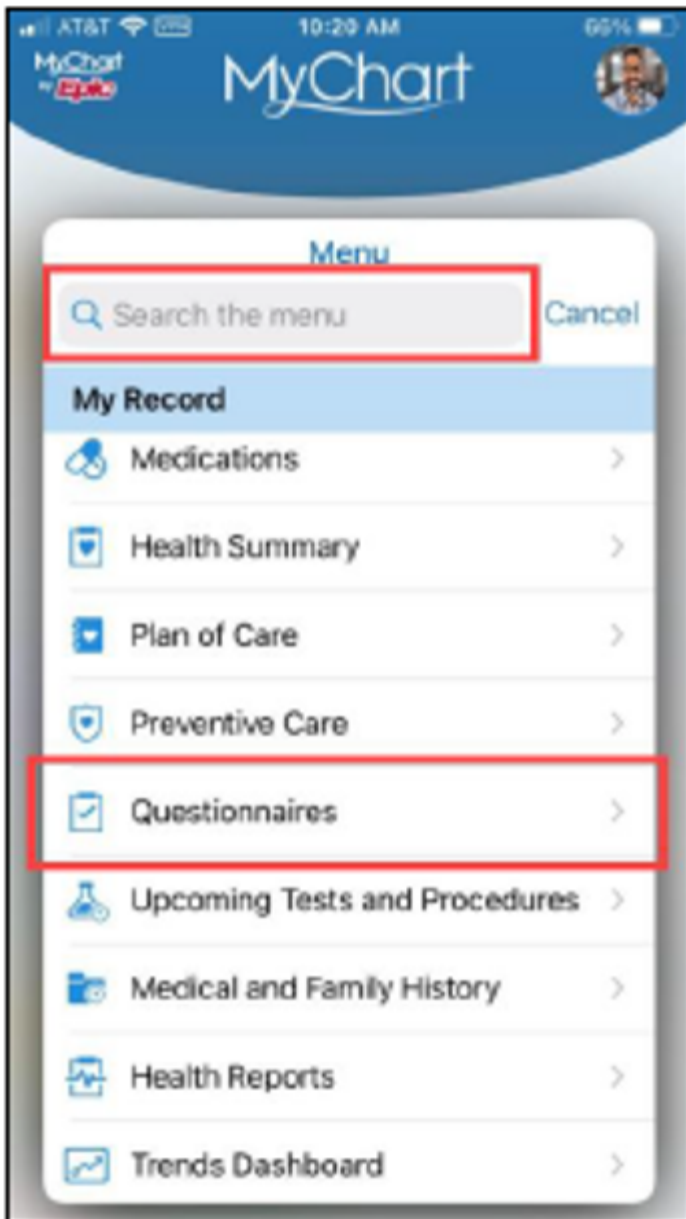
### How to Find the Questionnaires Section of MyChart (mobile version)

You can access the Questionnaires section through myUCLAhealth/MyChart mobile.

1. Go to  **Menu**.



2. Scroll down to **My Record**.
3. Tap on **Questionnaires**. Or type "questionnaires" in the search menu.



## 4. Locate Tuberculosis (TB) Assessment.

Menu Visits/Clinical Notes My Messages Test Results Referrals

### Questionnaires

#### Optional Questionnaires

- Influenza (flu) vaccine**  
Influenza Questionnaire Not yet answered →  
In Progress *Last edited yesterday*
- Universal Consent for Biological Samples** →  
This questionnaire is available at this time to patients age 18 and over only.  
Last submitted 1/11/2022 at 2:42 PM >
- UCLA Health Employee COVID Vaccine Questionnaire** Not yet answered →  
Employee Covid Vaccine Questionnaire
- All About Me** Not yet answered →  
Our goal at UCLA Health is to provide you with compassionate, high-quality and equitable care. We want you to have the best experience possible. To achieve this goal, we would like to know more about you.
- Tuberculosis (TB) Symptom Questionnaire** →  
This questionnaire is for employees to complete as directed by Occupational Health.  
Last submitted earlier today >
- Tuberculosis (TB) Assessment** Not yet answered →  
This questionnaire is for yearly TB risk screening for employees

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Complete your questionnaire.

my **UCLA** health MyChart by Epic Log out

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## Tuberculosis (TB) Assessment

This questionnaire is mandatory for all employees to complete annually and should be done the month you are due for Tuberculosis (TB) screening (month of expiration). Your responses will determine next steps in completing the annual TB surveillance screening.

\*Indicates a required field.

\*Were you born, have you traveled, or resided in a country with an elevated tuberculosis (TB) rate for at least 1 (one) month?  
Includes countries other than the US, Canada, Australia, New Zealand or Western and Northern Europe

Yes  No

\*Have you been diagnosed with a condition and are considered to be immunocompromised? For example are you:  
Currently under treatment for HIV? An organ transplant recipient? Undergoing treatment with TNF-alpha antagonist (e.g. Infiximab, etanercept, others)?  
On steroids (equivalent of prednisone > 15 mg/day for > 1 month) or other immunosuppressive medication?

Yes-one of these apply  No

\*Have you had close contact to someone with infectious TB disease at any time?

Yes  No

\*Have you ever been unhoused, incarcerated, or lived in a congregate setting?  
(Examples: homeless shelter, correctional facilities)

Yes  No

\*Do you work in any of the following settings:  
Urgent care or emergency department, Mycobiology section of clinical microbiology laboratory, Perform or assist with procedures involving airway or airway sections (e.g. sputum induction, nebulization, bronchoscopy, endoscopy or autopsy), With at risk patients who are homeless, have/were incarcerated, actively have TB, or are rule out TB, presenting with signs/symptoms of TB

Yes-one of these apply  No