

TUBERCULOSIS SURVEILLANCE HISTORY

Please check YES or NO for the following questions

Questions	Yes	No
Have you received a BCG Vaccine outside of the United States?		
Have you ever had a positive TB test? Date: _____		
If you had a prior positive TB test, have you had a Chest X-ray?		
If you had a prior positive TB test, have you completed medication for TB (INH)?		
Do you know that you have been exposed to active TB?		
Do you have a family member with TB?		
Have you experienced weight loss of more than 10 pounds for no known reason?		
Have you experienced unexplained extreme weakness or fatigue?		
Have you experienced night sweats?		
Have you experienced unexplained fever or chills?		
Have you been coughing up blood?		
Have you been coughing for more than 2-3 weeks?		
Have you had a productive cough lasting more than 3 weeks?		
Have you experienced chest pain?		

Immunizations

Indicate the month and year for each required immunization. Up to date MMR, Tetanus, and dT/Tdap are required for all adult camp volunteers. Medical staff and volunteers over age 60 may require additional immunizations. In addition to this form, please provide a copy of your immunization record (from health care provider, state or local government, or university).

Vaccine	Most Recent Dose	Number of Lifetime Doses
Measles, mumps, rubella MMR) ¹		
Tetanus, diphtheria, pertussis (Tdap) or Tetanus diphtheria toxoid (Td)		
MEDICAL STAFF		
Meningococcal		
Hepatitis A		
Hepatitis B		
VOLUNTEERS OVER 60 YEARS OF AGE		
Varicella		
Zoster		

Camp New Hope is committed to safe guarding the health and safety of volunteers and campers. Proper immunizations help to protect both from disease transmission. If you have not been fully immunized, please sign the statement below:

I am not fully immunized with the vaccines listed above. I understand and accept the risks to myself from not being fully immunized.

Signature

Date