NORTH CAROLINA SHERIFFS' EDUCATION AND TRAINING STANDARDS COMMISSION
NORTH CAROLINA CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

Post Office Drawer 149
Raleigh, NC 27602
Telephone: (919) 661-5980

Post Office Drawer 629
Raleigh, NC 27602
Telephone: (919) 779-8213

Tuberculosis Questionnaire

Form F-2A
(Rev. 10-2025)

This information is for official use only and will not be released to unauthorized persons.
Attach to Form F-2 (Medical Examination Report)
DO NOT mail form to Sheriffs' or Criminal Justice Standards Division

Date: _____

Name: _____
Last First Middle

Date of Birth: _____ Last 4 Digits of SSN: _____

Employing Agency: _____

Tuberculosis Risk Questions

1) Were you born outside the USA in one of the following parts of the world: Africa, Asia, Central America, South America or Eastern Europe? ☐ Yes ☐ No

2) Have you traveled outside the USA and lived for more than one month in one of the following parts of the world: Africa, Asia Central America, South America or Eastern Europe? ☐ Yes ☐ No

3) Do you have a compromised immune system such as from any of the following conditions: HIV/ AIDS, organ or bone marrow transplantation, diabetes, immunosuppressive medicines (e.g. prednisone, Remicade), leukemia, lymphoma, cancer of the head or neck, gastrectomy or jejeunal bypass, end-stage renal disease (on dialysis), or silicosis? ☐ Yes ☐ No

4) Have you ever done one of the following: used crack cocaine, injected illegal drugs, or resided in jail or prison? ☐ Yes ☐ No

5) Have you ever been exposed to anyone with infectious tuberculosis? ☐ Yes ☐ No

6) Have you ever done one of the following: worked or resided at a homeless shelter, worked in a jail or prison, worked as a healthcare worker (including in a hospital or clinic), or worked as an Emergency Medical Responder or Emergency Medical Technician? ☐ Yes ☐ No

Tuberculosis Symptom Questions

Do you currently have any of the following symptoms?

1) Unexplained cough lasting more than 3 weeks ☐ Yes ☐ No

2) Unexplained fever lasting more than 3 weeks ☐ Yes ☐ No

3) Night sweats (sweating that leaves bedclothes and sheets wet) ☐ Yes ☐ No

4) Shortness of breath ☐ Yes ☐ No

5) Chest Pain ☐ Yes ☐ No

6) Unintentional weight loss ☐ Yes ☐ No

7) Unexplained fatigue (very tired for no reason) ☐ Yes ☐ No