

## QUESTIONNAIRE 2. Tuberculosis examination

Appointment date :

Time :

Location:

GGDBZO

Clausplein 10

5611 XP Eindhoven

☎ 0880031310

Surname	
Firstname	
Initials	
Date of birth	
Nationality	
Adress in the Netherlands	
V-number	
Phonenumber	
Time you stay in the Netherlands	

Are you vaccinated against tuberculosis (BCG)? ☐ yes ☐ No

Did you have contacts with tuberculosis in the past (family, friends)? ☐ yes ☐ No

Are you treated against tuberculosis in the past? ☐ yes ☐ No

Do you have complaints of your health? ☐ coughing  
☐ fever  
☐ weightloss  
☐ \_\_\_\_\_

Do you use any medication? ☐ yes ☐ No

If yes, which medication \_\_\_\_\_

\_\_\_\_\_

**Please fill out and bring this form with you at the appointment, along with your passport and IND form.**