Tuberculosis Non-Symptom Report Questionnaire

This form must be completed annually by a health care provider for all students with a positive TB Skin Test once a negative x-ray report has been provided.

Name:____ _____ ID #: _____

D/O/B: _____

Telephone/Home: _____ Cell #: _____

Our records indicate you have previously tested positive on the TB skin test (TST) or are sensitized to the TB solution. Positive TB skin tests indicate you have been exposed to TB, but do not necessarily indicate you have active TB disease.

❒ Pre-Placement ❒ Annual ❒ Post Exposure

	NO	YES
1. Have you had recent close contact with someone with infectious TB disease?		
2. Have you lived in or traveled in a TB endemic country (e.g. Africa, Asia, Central/ South America, Caribbean- not Puerto Rico, Eastern Europe, Middle East)?		
3. Have you had any of the following signs or symptoms with in the last year?		
• Unexplained fever		
• Unexplained cough for 3 weeks or more If yes, ❒ Productive ❒ Non-Productive - # of weeks _____		
• Night sweats		
• Unexplained weight loss		
• Chest pain		
• Unexplained fatigue/malaise		
• Blood-tinged sputum (Hemoptysis)		
4. Have you been informed that you have any condition that could depress your immune system, such as: cancer, immune deficiency disease, diabetes, silicosis, renal failure, cirrhosis, HIV infection, poor nutrition, substance abuse, major stomach/intestinal surgery, severe infectious disease, solid organ transplant?		
5. Are you presently being treated with any medication that could depress your immune system, such as: cortisone, methotrexate, Imuran, chemotherapy, HIV Meds?		
6. Is your treating physician aware that you have a positive PPD? (If not, we recommend that you advise him/her.)		

I attest that the above information is correct.

Student Signature _____ Date: _____

Healthcare Provider Name: _____ Facility: _____

Signature _____ Date: _____