



Name _____ Birth date _____

TB Screening Questionnaire

To be completed **ONLY** by students with a history of a **Positive** PPD Test
AND Chest X-ray Negative for Active TB

All individuals who previously tested positive and were found to be free of active TB base on standard chest x-ray and appropriate medical examination shall be screened for symptoms consistent with pulmonary TB at the time of the Annual TB Re-Evaluation.

PLEASE CIRCLE your responses below:

1. Have you had a cough lasting three weeks or more? Yes No

2. CIRCLE any of the following symptoms that you currently experience and/or have experienced for two (2) weeks or longer:
 - a. Fever
 - b. Night Sweats
 - c. Unintentional weight loss > 10% of body weight
 - d. Hemoptysis (blood in sputum)
 - e. Malaise and/or fatigue

If you have answered YES to question # 1 AND have at least one of the Symptoms listed in question #2, a PA + Lateral Chest x-ray within the past twelve (12) months is required for TB clearance.

Student Signature

Date

Signature by University Health Partners, Chief Medical Officer

Date