ABSENCE OF TUBERCULOSIS SYMPTOMS FORM

1. Have you ever had a history of a positive Mantoux (PPD, TST)?  ____YES  ____NO
2. Have you ever had a BCG Tuberculosis Vaccination?  ____YES  ____NO
3. When was your last chest x-ray?  
   Date:__________________________
4. Have you had a persistent cough for more than 3 weeks?  ____YES  ____NO
5. Have you had any blood in your sputum?  ____YES  ____NO
6. Do you have pain in your chest when you cough?  ____YES  ____NO
7. Have you recently had a respiratory illness that did not respond to treatment?  ____YES  ____NO
8. Have you had an unexplained fever in the past 3-6 weeks?  ____YES  ____NO
9. Have you experienced any unintentional or unexplained weight loss?  ____YES  ____NO
10. Have you experienced any night sweats?  ____YES  ____NO
11. Have you experienced unexplained increased lethargy or fatigue?  ____YES  ____NO
12. Have you experienced and unexplained loss of appetite?  ____YES  ____NO
13. Have you been in close contact with an individual with known active tuberculosis?  ____YES  ____NO

Comments (Explain any YES answers above)
_________________________________________________________________________________
_________________________________________________________________________________

Results:
____ No signs or symptoms of tuberculosis present.
____ Signs and symptoms of tuberculosis present. Follow-up with Primary Care Provider required.

Health Provider’s Signature: ____________________________________________

Title: ____________________________________________________________________ Date: ______________

Clinic Address: ___________________________________________ Clinic Name: ___________________________________

Student Name: ____________________________________________________________

Exam Date:____________________