# University of Texas at El Paso
College of Nursing

## ABSENCE OF TUBERCULOSIS SYMPTOMS FORM

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Exam Date</th>
</tr>
</thead>
</table>

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.**

<table>
<thead>
<tr>
<th>Healthcare Provider’s Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Healthcare Provider’s Printed Name/Title</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address (Clinical Site Stamp is accepted)</th>
<th>Phone</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip</th>
</tr>
</thead>
</table>