University of Texas at El Paso - School of Nursing

ABSENCE OF TUBERCULOSIS SYMPTOMS FORM

Student Name Exam Date

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. Patient cleared for TB, OK to participate in health care agency clinicals.

____ Signs and symptoms of tuberculosis present. Follow-up with Primary Care Provider required.

Healthcare Provider's Signature Date

Healthcare Provider's Printed Name/Title

Address (Clinical Site Stamp is accepted) Phone