

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.

___ 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**

City, State, Zip