

This form only applies to those required to have a chest x-ray or have had an IGRA (Quantiferon) test.

Student/Employee ID @ _____ **College** _____ **Grad. Year:** _____

Name	DOB
Address	Phone:
City/State/Zip	

Date of last PPD _____ PPD Results _____ MM

Date of IGRA (e.g., Quantiferon/T-Spot) test: _____ Results): Negative Positive

Date of Last Chest X-Ray: _____ Results: Positive for TB Negative for TB

1. Have you ever been told you have active tuberculosis? Yes No

2. Have you ever taken Isoniazid (INH) or Rifampin (RIF)? Yes No

3. Date and duration of medication regime _____ (months)

4. Have you ever had BCG Vaccination? Yes No If yes, when? _____
(If you have had the BCG vaccination, it is preferred that you obtain an IGRA [e.g., Quantiferon or T-spot test])

5. During the past year have you noticed (select your answer):

- | | | |
|-----|----|--|
| Yes | No | Unexplained weight loss? |
| Yes | No | Decrease in your appetite? |
| Yes | No | Cough not associated with cold or flu? |
| Yes | No | Increase in AMOUNT of Sputum? |
| Yes | No | Change in COLOR of Sputum? |
| Yes | No | Change in CONSISTENCY of Sputum? |
| Yes | No | Blood-Streaked Sputum? |
| Yes | No | Night sweats? |
| Yes | No | Unexplained low grade fever? |
| Yes | No | Unusual tiredness or fatigue? |
| Yes | No | Swelling of lymph nodes? |
| Yes | No | Have you had contact with a family member or partner who has been diagnosed with tuberculosis? |
| Yes | No | Have you or a member of your family been exposed to someone who is immune compromised? |

Explain any "Yes" answers above: _____

List any on-going medical problem _____

Signature of Person Completing this form

Date

☐ Plan of care, if indicated: _____

Signature of Reviewer: _____ **Date** _____

_____ No further action needed _____ Chest X-Ray Requested _____ Further Evaluation Needed