

**Marshall University
School of Nursing
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 _____

Student Name: _____

Exam Date: _____