

Midwestern State University-Vinson Health Center
Tuberculosis Screening Assessment

Name: _____

Mustang ID Number: _____

Anyone having a history of a positive reaction cannot take the PPD skin test for TB screening. The following must be completed in order to assess your need for further evaluation:

1. List any chronic illness(es) or disease(s) that you have:

_____	_____
_____	_____
_____	_____

2. List all medications you are currently taking:

_____	_____
_____	_____
_____	_____

3. Answer the following questions by circling "yes" or "no", stating that you do or do not have that symptom:

- | | | |
|---|-----|----|
| a. Persistent cough | Yes | No |
| b. Persistent weight loss without dieting | Yes | No |
| c. Persistent low grade fever | Yes | No |
| d. Night sweats | Yes | No |
| e. Loss of appetite | Yes | No |
| f. Lethargy/Weakness | Yes | No |
| g. Coughing up blood | Yes | No |
| h. Exposure to active TB since last chest x-ray | Yes | No |
| i. Swollen glands in neck | Yes | No |
| j. Shortness of breath | Yes | No |
| k. Chest pain | Yes | No |
| l. Any travel outside the US/Exposure to TB | Yes | No |

* Any "yes" answer is indication for a T-Spot lab test unless there is a clear cause unrelated to tuberculosis.

By signing below, I verify that the information provided on this form is correct.

Date

Student signature

Recommendation:	<input type="checkbox"/>	Annual follow-up only	Comments:	_____
	<input type="checkbox"/>	Chest x-ray		_____
	<input type="checkbox"/>	T-Spot		_____
	<input type="checkbox"/>	Other		_____

Review date

Reviewer's signature