The purpose of this form is to complete the health science student TB requirement for individuals who have a history of a positive tuberculosis test.

Please provide documentation of
- positive TB test result
- Chest X-ray report
- Treatment records (if applicable)

Do you have any of the following symptoms that are sometimes symptoms of tuberculosis?
- Chest pain
- Cough that has lasted for 3 weeks or longer
- Coughing up blood
- Fever
- Loss of appetite
- Night sweats
- Unexplained weight loss

If you responded YES to any of these symptoms, see your healthcare provider for further assessment.

Have you had any travel out of the country in the past two years?
- If YES, where did you travel, when, and how long was your stay? ________________________________

Have you had any known contact with anyone with active tuberculosis?

Have you had any high-risk exposures in homeless shelters or prisons?
- If YES, when was the exposure? ________________________________

Student Signature: ____________________________________________________________ Date: _______________________
Reviewed by: ________________________________ (print) (signature) Date: _______________________

Health Care Provider or Immunizing official name and credentials

Current Practice Location name and address