

History of Positive TB Screening Results Form

University of Iowa Student Health

Return this form to:

THE UNIVERSITY OF IOWA
STUDENT HEALTH

4189 Westlawn South

Iowa City, Iowa 52242 **OR** Fax # 319-335-7247

OR email copy to: immunizations@healthcare.uiowa.edu

Student Name _____

University ID # _____

MRN if known _____

Birth Date: Month _____ Day _____ Year _____

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.

<p>Please provide documentation of</p> <ul style="list-style-type: none"> <input type="radio"/> positive TB test result <input type="radio"/> Chest X-ray report <input type="radio"/> Treatment records (if applicable) 		
<p>Do you have any of the following symptoms that are sometimes symptoms of tuberculosis?</p>		
<p><input type="radio"/> Chest pain</p>	NO	YES
<p><input type="radio"/> Cough that has lasted for 3 weeks or longer</p>	NO	YES
<p><input type="radio"/> Coughing up blood</p>	NO	YES
<p><input type="radio"/> Fever</p>	NO	YES
<p><input type="radio"/> Loss of appetite</p>	NO	YES
<p><input type="radio"/> Night sweats</p>	NO	YES
<p><input type="radio"/> Unexplained weight loss</p>	NO	YES
<p><i>If you responded YES to any of these symptoms, see your healthcare provider for further assessment.</i></p>		
<p>Have you had any travel out of the country in the past two years?</p> <p><input type="radio"/> If YES, where did you travel, when, and how long was your stay? _____</p>	NO	YES
<p>Have you had any known contact with anyone with active tuberculosis?</p>	NO	YES
<p>Have you had any high-risk exposures in homeless shelters or prisons?</p> <p><input type="radio"/> If YES, when was the exposure? _____</p>	NO	YES
<p>Student Signature: _____ Date: _____</p> <p>Reviewed by: _____ (print) Date: _____</p> <p style="text-align: center;">_____ (signature)</p> <p style="text-align: center;">Health Care Provider or Immunizing official name and credentials</p>		
<p>Current Practice Location name and address</p>		