

## Annual Tuberculosis Screening Survey for Positive PPD History

**NOTE: Do not submit this page if you have always had a negative PPD**

Complete this page only if you have had a positive PPD skin test result in the past. You will need to fill out a **new survey at Student Health & Counseling Services every 12 months** while a student.

1. Date of last **positive** TB Test (MM/DD/YYYY) \_\_\_\_\_ Test Result: \_\_\_\_\_

2. Where were you born? \_\_\_\_\_  
 If you were born outside of the United States, how long have you been here? \_\_\_\_\_

3. Have you had vaccinations with Bacillus of Calmette & Guerin (BCG)?  Yes  No  Don't know  
 If "Yes": When? \_\_\_\_\_ Where? \_\_\_\_\_

4. Have you ever traveled, worked, and/or lived outside the United States?  Yes  No  
 If "Yes":  
 Dates \_\_\_\_\_ Places \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Are you aware of any exposure to people with possible active TB (i.e., foreign-born persons from areas with high TB incidence, persons with chronic cough, household members with TB infection, or high-risk populations, such as refugees, immigrants, homeless individuals)?  
 Yes  No If "Yes," describe nature of possible exposure: \_\_\_\_\_  
 \_\_\_\_\_

6. During the past 12 months, have you noticed any of the following?

	Yes	No		Yes	No
Productive cough (3 weeks)			Swollen glands, usually in neck		
Persistent weight loss without dieting			Recurrent kidney or bladder infections		
Persistent low grade fever			Coughing up blood		
Night sweats			Shortness of breath		
Loss of appetite			Chest pain		

Please provide details of any "Yes" answers above: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Print Student Name: \_\_\_\_\_

Last Updated: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date Completed: \_\_\_\_\_