

**INDIANA UNIVERSITY KOKOMO
SCHOOL OF NURSING**

Annual TB Screening Form

Students are to complete this form **only** if they have had a positive PPD Mantoux skin test.

Students entering the nursing program with positive TB skin test (PPD) readings must have a baseline negative chest x-ray completed and submit the x-ray results as part of the required health and safety documentation. Thereafter, the student must complete this annual TB questionnaire only. If a positive response to any of questions 1-7 is noted, the student will be required to submit a follow-up negative chest x-ray to validate non-communicable disease status.

NOTE: If a student converts from a negative to a positive TB test after admission, a negative chest x-ray will be required.

Name: _____ Date: _____

Date of positive TB Mantoux skin test: _____

Date of chest x-ray: _____

Have you experienced any of the following symptoms in the past year?

- | | | |
|--|----------|---------|
| 1. Productive cough lasting longer than 2 weeks? | Yes_____ | No_____ |
| 2. Unexplained weight loss? | Yes_____ | No_____ |
| 3. Persistent low-grade fever? | Yes_____ | No_____ |
| 4. Night sweats? | Yes_____ | No_____ |
| 5. Excessive fatigue? | Yes_____ | No_____ |
| 6. Coughing up blood? | Yes_____ | No_____ |
| 7. Shortness of breath? | Yes_____ | No_____ |

Please give details to any questions answered "Yes" above: _____

Have you ever had the BCG vaccine? Yes_____ No_____

If yes, date given _____

Have you ever had Tuberculosis? Yes_____ No_____

If yes, date and treatment prescribed _____

Signature of student: _____ Date: _____