



Telephone (510) 869-6629 / Fax (510) 869-6212

FORWARDING & ADDRESS CORRECTION REQUESTED

Office Hours:
 Mon. 9 a.m.-12:30 p.m., Wed. 12 noon-5 p.m., Fri. 10 a.m.-5 p.m.

Annual Tuberculosis Screening Survey for Positive PPD History

The following questions pertain to your health and activities **within the last 12 months**. You will need to fill out a new survey at Student Health Services every year while enrolled as a student.

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

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

Dates Places Length of Contact

3. 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: *[Signature]* _____

Date Completed: _____