

Samuel Merritt College - Student Health Services  
 Peralta Medical Office Building  
 3100 Telegraph Avenue, Suite 3105  
 Oakland, CA 94609  
 Telephone (510) 869-6629 / Fax (510) 869-6212  
 FORWARDING & ADDRESS CORRECTION REQUESTED



Office Hours:  
 Mon. 8:30 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: \_\_\_\_\_ Date Completed: \_\_\_\_\_