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

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** PPD (MM/DD/YYYY): _____ Test Result: _____ mm induration

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., 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: _____
   _____

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: _____

Summary: Positive Negative

Print Name: _____

Doctor/Practitioner Signature: ✍ _____ Date: _____

Print Student Name: _____ Last Updated: _____

Student Signature: ✍ _____ Date Completed: _____

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