

## 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.

- Date of last **positive** PPD (MM/DD/YYYY): \_\_\_\_\_ Test Result: \_\_\_\_\_ mm induration
- Where were you born? \_\_\_\_\_  
If you were born outside of the United States, how long have you been here? \_\_\_\_\_
- Have you had vaccinations with Bacillus of Calmette & Guerin (BCG)?  Yes  No  Don't know  
If "Yes": When? \_\_\_\_\_ Where? \_\_\_\_\_
- Have you ever traveled, worked, and/or lived outside the United States?  Yes  No  
If "Yes":  
Dates \_\_\_\_\_ Places \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 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: \_\_\_\_\_  
\_\_\_\_\_
- 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: \_\_\_\_\_