**TB SURVEILLANCE & HISTORY FOR INDIVIDUAL WITH POSITIVE TUBERCULOSIS SKIN TEST**

Name:

Date:

Date of Birth:

Nursing Program:

**Health Care Workers (HCW) with a *documented* significant TST are NOT given TB skin tests.** Medical surveillance of the HCW is recommended for early identification and management of active tuberculosis (TB). HCW with active TB who cough, sneeze, sing or laugh can transmit TB, and on many occasions, it can be difficult to quickly identify, isolate and treat these individuals. The Centers for Disease Control (CDC) **does not recommend** annual chest x-ray ***unless*** the HCW is having symptoms.

|  |  |  |
| --- | --- | --- |
| Please check if the above named has had any of the following:  |  Yes |  No |
| Previous positive TB skin test |  |  |
| BCG Vaccine |  |  |
| Active TB |  |  |
| INH (isoniazid) medication |  |  |

|  |  |
| --- | --- |
| **In the past 12 months have you had any of the following:****\*If Yes please explain in Comment box below\*** | **Year 20**  |
| **Symptoms:** | **Yes** | **No** |
| Coughing for more than 3 weeks |  |  |
| Coughing up blood |  |  |
| Hoarseness |  |  |
| Chest pain |  |  |
| Persistent fever |  |  |
| Excessive sweating at night |  |  |
| Excessive fatigue |  |  |
| Loss of appetite |  |  |
| Unexplained weight loss |  |  |
| Have you been evaluated by your personal health care provider for any Yes answer? |  |  |
| **\*Comments:** |

**Physician Statement and Signature:**

I certify the above named student does NOT show signs of active TB disease.

Provider Name: Clinic:

Address: Phone:

Signature: Date: