



0513512



### TUBERCULOSIS ASSESSMENT FORM

STUDENT NAME: \_\_\_\_\_ STUDENT ID \_\_\_\_\_

PROGRAM: \_\_\_\_\_

#### Tuberculosis (TB) Symptoms Screen Post Positive Reaction to a Tuberculin Skin Test

(TO BE SUBMITTED ANNUALLY AFTER A NEGATIVE CHEST X-RAY HAS BEEN SUBMITTED)

The Centers for Disease Control and Prevention (CDC) recommend persons with positive tuberculin tests be reminded periodically about the symptoms of TB and the need for prompt evaluation of any pulmonary symptoms suggestive of TB.

If you have a history of a **positive TB skin test** please complete the following questionnaire.

#### Do you experience any of the following symptoms?

SYMPTOM	YES	NO
Coughing for greater than 3 weeks		
Loss of appetite		
Unexplained weight loss		
Night sweats		
Bloody sputum		
Hoarseness		
Fever		
Fatigue		
Chest pain		

Health Care Provider Signature: \_\_\_\_\_ Date \_\_\_\_\_

Health Care Provider Printed Name: \_\_\_\_\_

Health Care Provider Contact Information: \_\_\_\_\_

Complete and forward to any Student Services Center:

**Burlington Center**  
496 McCanna Pkwy  
Burlington, WI 53105

**Elkhorn Campus**  
400 County Road H  
Elkhorn, WI 53121

**Kenosha Campus**  
3520 - 30<sup>th</sup> Avenue  
Kenosha, WI 53144

**Racine Campus**  
1001 S. Main Street  
Racine, WI 53403