

# Annual Symptom Review

Only complete this form if you are tuberculin **positive**. 2017 Chest Xray results required.

1<sup>st</sup> year students: Form must be completed and **signed by health care provider**.

2<sup>nd</sup> year students: **Form must be completed and signed only by student**.

<b>Your TB Medical Surveillance must be completed UNLESS ADVISED OTHERWISE.</b>			
Failure to complete this screening may result in your being placed on administrative leave without pay until compliance is achieved. In order to meet healthcare organization accreditation and regulatory compliance requirements, all Employees, including M.D.'s, Contracted employees, Students and Volunteers must participate in periodic TB medical screening. Your participation is mandatory and a condition of continued service. (California Division HR Policy 5.02) <i>This questionnaire is taken from Kaiser Permanente, Greater Southern Alameda Area Clinical Education Requirements.</i>			
Name:		Date:	
Other Names:			
Student ID	W#	Date of Birth (MMDDYYYY):	
Address:			
City:		Zip:	
Home Phone		Cell Phone:	
Subject: TUBERCULOSIS MEDICAL SURVEILANCE			
1.	Have you ever had Tuberculosis	YES	NO
	If yes When		
	If yes were you medicated?		
2	Have you ever been on therapy to prevent TB?	YES	NO
	If yes, for how long?		
	What was the year of therapy?		
3.	Have you ever been informed of an abnormal chest x-ray	YES	NO
4.	Have you ever received BCG Vaccine? (A vaccine give in foreign counties to prevent TB. It leaves a scar on your arm similar to a smallpox scar.)	YES	NO
	If yes, what year?		
	If so, when were you last skin tested?		
5.	Have you ever had a positive TB skin Test	YES	NO
	If yes, when?		
	If so, where?		
	In the past 12 month have you:		
	1. Had a chronic (recurrent) cough?	YES	NO
	2. Had an unexplained recurrent fevers?	YES	NO
	3. Had recurrent night sweats?	YES	NO
	4. Coughed up or spit blood?	YES	NO
	5. Had any unexplained weight loss?	YES	NO
	6. Experienced unexplained chronic fatigue?	YES	NO
	7. Been advised you are immunosuppressed for any reason?	YES	NO
DATE:	Signature:		