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| 0ff923c01235ed51c89f2c5c014cac8 |  **Vitality University**2499 Industrial Pkwy West, Hayward, CA 94545 Tel: 650-350-1863 / 650-918-9968 Email: consotherapy@gmail.com  Website: www.iomschool.org |

**Student Tuberculosis (TB) Evaluation Form**

**Tuberculosis Survey**

Y\_\_\_\_\_\_\_ N\_\_\_\_\_\_\_ Have you had a positive TB skin or bold test?

Y\_\_\_\_\_\_\_ N\_\_\_\_\_\_\_ Have you had drug treatment for TB?

Y\_\_\_\_\_\_\_ N\_\_\_\_\_\_\_ Have you had close contact with any who has infectious TB (i.e. have been living with or had more than several hours of close contact with this person?)

Y\_\_\_\_\_\_\_ N\_\_\_\_\_\_\_ Have you been started on any of the following immunosuppressive drugs: Prednisone; methotrexate; cyclosporine or the transplant drugs; chemotherapy for cancer; medication for rheumatoid arthritis or Crohns disease.

Y\_\_\_\_\_\_\_ N\_\_\_\_\_\_\_ Have you had a chest x-ray with any evidence of TB?

**Symptom Checklist: Have you had the following in the past year,**

Y\_\_\_\_\_\_\_ N\_\_\_\_\_\_\_ Significant and unexplained weight loss

Y\_\_\_\_\_\_\_ N\_\_\_\_\_\_\_ Recurrent night sweats or unexplained fevers

Y\_\_\_\_\_\_\_ N\_\_\_\_\_\_\_ Unexplained chronic cough of > 3 weeks

Y\_\_\_\_\_\_\_ N\_\_\_\_\_\_\_ Coughing of spitting up blood

Y\_\_\_\_\_\_\_ N\_\_\_\_\_\_\_ Chronic unexplained respiratory symptoms

I understand that if I experience any of the above conditions as listed in the “Symptom Checklist” now or in the future, I will report to my provider.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_