

# Vitality University

千帆大學

2499 Industrial Parkway West, Hayward, CA 94545  
Tel: (650) 350-1863, (650) 918-9968 Fax: (650) 286-1965  
E-mail: [office.vitalityuniversity@gmail.com](mailto:office.vitalityuniversity@gmail.com)

## 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

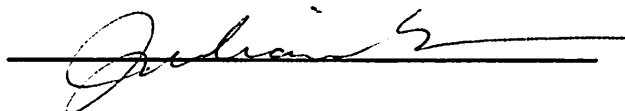
Y \_\_\_\_\_ N  Unexplained chronic cough of > 3 weeks

Y \_\_\_\_\_ N  Coughing or 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: Juliana Lu

Signature: 

Date: 2-10-2023