TB Questionnaire

Name: __________________________

This questionnaire complies with Bakersfield College’s requirements for TB screening for student’s who have a positive TB skin test.

Please answer all of the following questions and return this form to the Allied Health office. Based on the answers to the question, you may be asked to complete a chest x-ray.

If you develop any of the symptoms listed below before the next scheduled screening process, contact the Allied Health office immediately.

Have you developed any of the following symptoms?

Yes     No

_____  _____  unusual cough, lasting over 2 weeks?

_____  _____  late afternoon fever/chills

_____  _____  night sweats

_____  _____  unusual fatigue

_____  _____  loss of appetite

_____  _____  coughing up blood

_____  _____  unexpected weight loss of more than 10 pounds

Date of last chest x-ray  _________________________ _______

I have answered the above questions to the best of my knowledge.

___________________________  ________________
Signature     Date

Reviewed by:

______________________