

2023-2024 Tuberculosis Symptom Screening

For students and faculty

All students with a positive tuberculosis test result are asked to answer these questions about the signs and symptoms of active tuberculosis disease. Please answer every question to the best of your knowledge. Your results may be shared with the Public Health Department and/or with the representative of the clinical agency for any practicums associated with your program of study as applicable.

- Are you having any problems with persistent cough for more than 3 weeks? Yes No
- Do you have pain in the chest? Yes No
- Are you coughing up any bloody or blood tinged sputum? Yes No
- Are you experiencing night sweats not associated with any other condition? Yes No
- Are you having problems with unintentional weight loss or poor appetite? Yes No
- Are you having problems with weakness or fatigue? Yes No
- Are you having problems with fever or chills not related to a known infection? Yes No
- Within the past year, have you had any known unprotected contact with someone with active tuberculosis? Yes No

Most recent Chest x-ray date: ___/___/_____ Never had a chest x-ray

If you had a chest x-ray within the past 5 years, please submit a copy of the report.

Printed Name: _____ Date of Birth: _____

School: _____ Matriculation Date: _____

Department: _____ Date: _____ Signature: _____

If you are not an employee, what is your role? Student () Clinical Faculty () Volunteer () Other ()

Student/Faculty Signature: _____ Date: _____

All persons with a positive interferon-gamma release assay (IGRA) or tuberculin skin test (TST) result for TB infection should be evaluated for active tuberculosis (TB) disease. This can be done in primary care or other clinical settings. The Massachusetts Department of Public Health supports a network of TB clinics in hospital facilities; referral to a TB clinic for this evaluation may be an option for primary care patients.