

POSITIVE TUBERCULIN SKIN TEST FOLLOW-UP

The University of Missouri-Kansas City School of Nursing and Health Studies is required by the Occupational Safety and Health Administration (OSHA) to evaluate all student nurses for tuberculosis on an annual basis. If you have had a positive reaction, please complete the following information and sign the form. Then take this form to local Health Department for their evaluation & recommendations for follow-up. Bring back copy of this form and their evaluation/recommendations to us for your student file.

Previous known TB exposure? Yes No

If yes, relationship _____

(eg. Spouse, parent, child, etc.)

Have you taken medication for TB Therapy or Prevention of TB? Yes No

Dates _____

Date of last Chest X-ray _____

Where Chest X-ray performed _____

Results _____ (Neg or Pos)

Have you ever received the "BCG" Vaccine? Yes No

If yes, what country _____

How old were you when you received the vaccine? _____

Have you experienced any of the following signs or symptoms in the past three months?

Yes No Fever with unknown cause

Yes No Loss of appetite

Yes No Unexplained weight loss

Yes No Malaise? (vague feeling of physical discomfort or uneasiness)

Yes No Chronic cough – unexplained for more than two weeks

Yes No Sputum (Do you cough or spit up anything?)

Yes No Is there blood in the sputum?

Yes No Is the blood brown in color?

Yes No Chest pain?

Yes No Night sweats?

Student signature and date

RN signature and date