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
   Loss of appetite
   Unexplained weight loss
   Malaise? (vague feeling of physical discomfort or uneasiness)
   Chronic cough – unexplained for more than two weeks
   Sputum (Do you cough or spit up anything?)
      Is there blood in the sputum?
      Is the blood brown in color?
   Chest pain?
   Night sweats?

___________________________________ ______________________________
Student signature and date       RN signature and date