

**Health Sciences Immunization Program (HSIP)  
 Tuberculosis Symptoms Screening (TBSS) Form**

Required for students with a history of or newly documented positive TB screening and negative chest x-ray. Students may also need to complete the TBSS form if indicated by their program.

Indicate yes or no for each question; explain any yes answers. Submit the form into CastleBranch along with your positive TB result and chest x-ray report for your initial TB requirement. Only an updated TBSS form is required for TB renewals.

Student last name: \_\_\_\_\_ Student first name: \_\_\_\_\_

Student ID#: \_\_\_\_\_ UW NetID: \_\_\_\_\_

**In the past year have you had:**

Cough lasting greater than 3 weeks?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (explain):
Fever?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (explain):
Night Sweats?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (explain):
Unexplained Weight loss?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (explain):
Unexplained loss of appetite?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (explain):
Weakness/Fatigue?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (explain):
Bloody sputum?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (explain):
Chest Pain?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (explain):

Student Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

HSIP Clearance (for yes answers): \_\_\_\_\_ Date: \_\_\_\_\_