

**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 Med+Proctor 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: _____