



Tuberculosis Monitoring Form

HPU’s affiliation agreements with the various health care agencies require that we monitor TB status of nursing students on an annual basis. Individuals with a previous history of a positive PPD, followed by a negative chest x-ray, are requested to provide ongoing TB monitoring by filling out this questionnaire to monitor for symptoms of tuberculosis.

Please check “yes” or “no” in the appropriate box. This form will be reviewed by the Health Records Assistant and you will be contacted if further follow up is required.

Have you experienced any of the following symptoms in the last year?

	NO	YES	IF YES, PLEASE EXPLAIN:
Cough longer than three weeks			
Cough of blood			
Shortness of breath			
Chest pain			
Persistent weight loss without dieting			
Night sweats			
Chills/fever			
Fatigue (more than usual)			

Date _____

Signature _____

Print Name _____