

# KUMC STUDENT HEALTH SERVICES

## Annual Tuberculosis Health Questionnaire

Our records show you have/had a positive skin test for tuberculosis. A positive skin test reaction means that sometime during your life, you have come in contact with the tuberculosis bacteria. It does not mean that you have tuberculosis now.

Some people can redevelop the active disease and therefore it is important for you to fill out this questionnaire every year to make sure you have not developed active tuberculosis.

Please answer the following questions:

1. Fatigue/malaise	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Unexplained weight loss	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Loss of appetite	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Fever (usually at night)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. A productive cough	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Night sweats	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Shortness of breath	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Chest pain	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered YES to any of these statements, please give an explanation:

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Print name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Health Representative: \_\_\_\_\_

*This questionnaire will be filed as a part of your Student Health Record.*