TEXAS A&M INTERNATIONAL UNIVERSITY
COLLEGE OF NURSING AND HEALTH SCIENCES
DR. F.M. CANSECO SCHOOL OF NURSING

Annual Tuberculosis Health Questionnaire

Your health records indicate you to be reactive (skin test positive) to the tuberculin skin test. The tuberculin skin test is the most widely used test for identifying infection with *Mycobacterium tuberculosis*, the bacteria that cause tuberculosis (TB), in people who do not have tuberculosis disease.

People who have a positive tuberculin skin test result should not have repeat chest radiographs (CXR) performed routinely. The Canseco School of Nursing policy reads that students should have a CXR every three years that is at least one CXR to exclude a diagnosis of TB disease, during your nursing program. Afterwards, repeat radiographs are not needed unless signs or symptoms of TB develop, or a clinician recommends a repeat chest radiograph, or after a new exposure to M. tuberculosis.

Adults who have active TB disease usually have many of the following symptoms: cough for more than two weeks duration, loss of appetite, weight loss of ten or more pounds over a short period of time, fever, chills and night sweats. A person can have TB germs in his or her body but not have active TB disease (this is called latent TB infection or LTBI).

Please answer the following questions:

TB can cause fever of long duration, unexplained weight loss, a bad cough (lasting over two weeks), or coughing up blood. As far as you know:		
Have you been around anyone with any of these symptoms or problems?	YES	NO
Have you had any of these symptoms or problems?	YES	NO
Have you been around anyone sick with TB?	YES	NO

In the last year, have you had any of the following?

Productive cough (over 2 weeks)	YES	NO	Persistent low-grade fever	YES	NO
Unexplained weight loss	YES	NO	Fatigue, malaise	YES	NO
Swollen glands (usually in the neck)	YES	NO	Coughing up blood or blood-tinged sputum	YES	NO
Night sweats	YES	NO	Shortness of breath	YES	NO
Loss of appetite	YES	NO	Chest pain	YES	NO
Have you traveled in the past year to Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia for longer than 3 weeks?				YES	NO
If yes, please specify which country/countries:					
Have you spent longer than 3 weeks with anyone who is/has been an intravenous (IV) drug user, HIV-infected, in jail or prison or recently came to the United States from another country?				YES	NO
If you answered yes to any of the items above, please provide a brief history or explanation ***:					

****Use the back of this page to provide a brief history or explanation to any positive response*

Signature: _____ Student ID#:
Print Name: Date: