

HISTORY OF POSITIVE TB SKIN TEST QUESTIONNAIRE

Name _____ Date _____

Please check any of the following signs/symptoms of Tuberculosis you may have experienced in the past year.

- _____ Cough
- _____ Night Sweats
- _____ Chest Pain that is worse on deep breathing or with cough
- _____ Shortness of Breath
- _____ Unexplained weight loss
- _____ Low Grade Fever
- _____ Bloody Sputum

I have indicated symptoms above: _____
(Patient Signature)

I have no symptoms at this time: _____
(Patient Signature)

Any additional symptoms or concerns?

This is a diagnostic tool used in lieu of an annual chest x-ray.

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