



Student Health Services
719 549-2830

Date: _____

TB Assessment for Positive TST's

Name (Print): _____ DOB: _____ PID: _____

Have you ever had a positive TB skin test? ☐ Yes ☐ No

Have you had a chest x-ray as a result of a positive TB skin test? ☐ Yes ☐ No

If "Yes" - Year taken: _____ Result: ☐ Normal ☐ Abnormal

Have you **recently** had any of the following symptoms for unknown reasons?

A cough longer than 3 weeks	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Unexplained weight loss	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Coughing up blood	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Loss of Appetite	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chest Pain	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Urinary Problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Night Sweats	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fatigue	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

Patient Signature

If you have had a positive tuberculin skin test in the past followed by a normal chest x-ray and have remained asymptomatic, no further action is necessary at this time. A health assessment should be documented annually.

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Colorado State University-Pueblo