

## YEARLY TB SIGNS AND SYMPTOMS SCREENING ATTESTATION FORM

NAME (print):		DOB:	DOB:/			
School:	ool: Program: Phone:					
	skin test (TST) is required annually in o le to get a Tuberculosis (TB) skin test (T		y. Pleas	e fill ou	ıt this	
	SECTION 1	YES	NO	*CRESTAL SHIPS THREE TO	YEAR swer is YES)	
Must answer all questions				(II alis	swer is 1ES)	
Have you had a TB skin test	t in the past?					
	of an exposure to infectious Tuberculo	sis?				
Have you ever had a POSIT						
	INH medication for a POSITIVE TB skin					
Have you received BCG vac	ccine? (A vaccine given in other countrie	es for TB)				
	SECTION 2			10205		
TB SIGN AND SYMPTOM SC	PEENING					
	ould be suspected in persons who h	ave.				
Fever	round be suspected in persons who h	iave.				
Chills						
<ul> <li>Night sweats</li> </ul>						
<ul> <li>Fatigue</li> </ul>						
<ul> <li>Loss of appetite</li> </ul>						
<ul> <li>Weight loss</li> </ul>						
<ul> <li>A productive cough</li> </ul>	n lasting 3 weeks or longer, or cough	ed up blood.				
I ATTEST THAT I DO NOT	HAVE ANY OF THE SYMPTOMS LIST	ED ABOVE THAT A	ARE UN	EXPLA	AINED	
I DO NOT consent to a TB s	skin test due to a <u>past POSITIVE TB tes</u>	et .				
	<del>*************************************</del>	<del></del> -				
I WILL PROVIDE PROOF C DATED AFTER THE POSIT	OF A POSITIVE TB TEST (PPD) AND A VE TB TEST (PPD).	COPY OF A NEGA	ATIVE C	HEST	X-RAY	
I understand that I only have	e to provide 1 negative chest x-ray but the	hat I must fill out thi	s form y	early.		
				63	neas .	
SIGNATURE	Witness		Dete	_/	_/	
OIGHATOILE	vviuless		Date			
<b>IMPORTANT: I UNDERST</b>	AND THAT IF I HAVE OR DEVELOP	ANY OF THE ABO	VE SY	MPTO	MS, I	

SHOULD INFORM MY SCHOOL/EMPLOYER, AS WELL AS MY PERSONAL HEALTH CARE PROVIDER.