Georgia Southwestern State University
School of Nursing

IF YOU HAVE EVER TESTED POSITIVE FOR TB, UPLOAD THIS FORM TO THE TB TEST TRACKER REQUIREMENT ALONG WITH CHEST X-RAY.
<u>Questionnaire must be done annually</u>. One x-ray is required upon admission to the nursing program unless you answer "Yes" on the form.

TB/PPD SCREENING QUESTIONNAIRE

Date:_____

Name_____ Date of Birth_____ GSW ID _____

Please answer the following questions by "checking" yes or no:	YES	NO
Have you had a new cough for the last 3 weeks?		
If you have a chronic cough, has it changed or become worse in the last 6 months?		
Do you ever cough up blood?		
Have you lost 10 pounds or more in the last 3-6 months?		
Do you sweat a great deal at night?		
Have you had unexpected fevers in the last 6 months?		
Have you been unusually tired?		
Had loss of appetite?		
Have you answered these questions honestly and to the best of your ability?		

***Student/Patient signature**: _____ Date: _____*

Healthcare Professionals Only

Other action taken_____

_____

_____ _____ _____
Health care professional's signature Title Date

_____ _____
Address Telephone Number

Effective March 18, 2014