



Health Sciences Immunization Program (HSIP) Tuberculosis Symptoms Screening (TBSS) Form

Required on entry and annually for students with a history of or newly documented positive TB screening and negative chest x-ray.

Indicate yes or no for each question; explain any yes answers. Submit form into CastleBranch along with your positive TB result and chest x-ray report for your initial TB requirement. Only an updated TBSS form is required for TB renewals.

Student last name: _____ Student first name: _____

Student ID#: _____ UW NetID: _____

In the past year have you had:

Cough lasting greater than 3 weeks?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (explain):
Fever?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (explain):
Night Sweats?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (explain):
Unexplained Weight loss?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (explain):
Unexplained loss of appetite?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (explain):
Weakness/Fatigue?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (explain):
Bloody sputum?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (explain):
Chest Pain?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (explain):

Student Signature: _____ Today's Date: _____

HSIP Clearance (for yes answers): _____ Date: _____