



INDIANA UNIVERSITY
FORT WAYNE

 SCHOOL OF NURSING

**TB Surveillance Record
 Positive Reactor Checklist**

Your Health Record indicates that you are a positive reactor to the TB skin test. A positive skin test generally means that at some point in time contact has been made with the tuberculosis bacteria.

According to the policy of the Indiana University Fort Wayne School of Nursing, you will need to return this TB Surveillance Record annually to the secretary in the HHS Student Success Center each year by August 15 (fall semester), December 7 (spring semester), May 1 (summer I and II). Review the following questionnaire and indicate any symptoms which apply. If at any time during the year symptoms develop, contact your health care provider and a secretary in the School of Nursing.

Have you experienced any of the following symptoms?

- | Yes | No | |
|--------------------------|--------------------------|---------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Productive or prolonged cough |
| <input type="checkbox"/> | <input type="checkbox"/> | Bloody Sputum |
| <input type="checkbox"/> | <input type="checkbox"/> | Prolonged unexplained low-grade fever |
| <input type="checkbox"/> | <input type="checkbox"/> | Night Sweats |
| <input type="checkbox"/> | <input type="checkbox"/> | Loss of appetite |
| <input type="checkbox"/> | <input type="checkbox"/> | Weight loss/weakness |
| <input type="checkbox"/> | <input type="checkbox"/> | Chest pain |
| <input type="checkbox"/> | <input type="checkbox"/> | Shortness of breath |

(Student signature)

(Date)

(Printed name)