



**Wright State University-School of Nursing**

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<https://health-education-human-services.wright.edu/nursing-kinesiology-and-health-sciences>

**TUBERCULOSIS CONTROL CLINICAL QUESTIONNAIRE - SELF-REPORT**

Name \_\_\_\_\_ UID \_\_\_\_\_

**I have traveled outside of the United States in the past year:**

\_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

**Note:** If you answered **YES** you cannot use this form for an annual TB renewal. Please obtain a TB skin test, a blood test or chest x-ray.

**Please complete if you have not traveled outside of the United States in the past year:**

Have you had any unexplained change in your respiratory status?	Yes	No	If yes, give details:
Unexplained cough lasting 3 or more weeks			
Are you coughing up blood or sputum (phlegm from deep inside the lungs)			
Pain in the chest			

Do you have any of the following symptoms?	Yes	No	Comments/Explanations
• weakness or fatigue			
• weight loss			
• no appetite			
• chills			
• fever			
• sweating at night			

**I verify the above information is accurate:**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please upload this form into the student compliance system.**

Reference: <https://www.cdc.gov/tb/topic/basics/signsandsymptoms.htm>

8/18/17; 9/2018; Revised 5/2022

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