UNIVERSITY of MARYLAND
SCHOOL OF MEDICINE

Student & Employee Health
Department of Family & Community Medicine
408 W Lombard st Baltimore, MD 21201
Student Health:667 214 1883 Clinic: 667-214-1899
FAX: 410 685 1962
SHealth@som.umaryland.edu

History of Positive Tuberculosis Skin Test / IGRA blood test
Symptom Based Screening Questionnaire

NAME_____ Student ID#/ Emp. ID _____
D.O.B._____Phone Number (Cell) _____

Select appropriate school/employee status:

☐	School of Medicine	☐	School of Law
☐	School of Physical Therapy	☐	Graduate School
☐	School of Nursing	☐	Pathology Assistant
☐	School of Social Work	☐	Genetic Counseling
☐	School of Pharmacy	☐	Medical Technology
☐	School of Dentistry	☐	Employee

BY PLEASE ANSWER THE FOLLOWING QUESTIONS:

Do you CURRENTLY have any of the following?

Persistent cough (lasting for > 3 weeks)	☐ Yes	☐ No
Coughing up blood	☐ Yes	☐ No
Night sweats	☐ Yes	☐ No
Unexplained weight loss	☐ Yes	☐ No
Unexplained tiredness	☐ Yes	☐ No
Persistent fever	☐ Yes	☐ No
Hoarseness	☐ Yes	☐ No

New Risk Assessment:
Since your last TB screening test or TB questionnaire:

1.Have you had exposure to anyone with known TB disease within the last year?	☐ Yes	☐ No
2. Are you currently taking immunosuppressive medications or have a weakened immune system?	☐ Yes	☐ No
3. Do you work in a lab and handle AFB specimens and/or mycobacterium tuberculosis cultures?	☐ Yes	☐ No
3. Have you traveled outside the USA to a country with a high TB rate (i.e any country other than Australia, Canada, New Zealand,the US and those in western/northern Europe)?	☐ Yes	☐ No

If yes, what was your travel destination? _____
When did you travel and how long was the trip? _____

Explain any yes answers:

_____
_____

Yes to any question requires medical clearance with Student Health, please call 667-214-1899 to set up a telemedicine appointment for review.

Date _____ **(Student/Employee Signature)**_____

Last revised 6/8/2020