

UNIVERSITY of LOUISVILLE

Health Sciences Center Office

Health Services Office
401 E Chestnut Street, Suite 110
Louisville, KY 40202
Voice: (502) 852-6446
FAX: (502) 852-6649

Name: _____

Social Security #: _____

Employer: _____

Clinic/Department: _____

Student - School: _____

Year of Graduation: _____

SECTION I

Yes

No

I have a history of a positive tuberculin skin test or clinical tuberculosis. Date of first positive skin test _____

I have been treated prophylactically for a positive PPD or received treatment for symptomatic tuberculosis

SECTION II

Yes

No

During the last year:

I have experienced fever with night sweats

I have experienced unexplained weight loss

I have experienced extreme fatigue or general tiredness

I have experienced chronic cough

I have experienced chronic sputum production

I have coughed up blood

I believe the above information to be correct.

Signature

Date

Please return this form to the HSC Health Services Office (HSC/HSO), 301 E Chestnut Street, Suite 110, Louisville, KY 40292.

If you answered yes to any question in Section II, please contact the HSC/HSO at 852-6446 to arrange for a chest X-ray.

CXR results:

Date:

Reviewed by:

Date:

Yes

No

Referred for treatment

Date: