Vanderbilt University School of Nursing (VUSN)
Continuing Student: Post-Chest X-ray TB Questionnaire

Student Name_____ **Date of Birth** _____

Complete and sign below if a chest x-ray was previously submitted to the *VUSN Compliance Portal due to a positive TB test*.

If a Positive result has been received *for the first time* from a recent TB test, a chest x-ray is required. Submit pathology report with clear/normal result from x-ray to your *VUSN Compliance Portal*. Contact your VUSN Program Director and local health department immediately if x-ray is abnormal.

Required student's self-reporting & signature:

Student's History

Provide date & result of most recent chest x-ray *(which was previously submitted to the VUSN compliance portal)*: ___/___/_____ **Result:** ❒ Normal ❒ Abnormal

Was TB Treatment required?

❒ **Treatment was completed on**: ___/___/___

❒ ***Treatment will be completed on**: ___/___/___

*The treating healthcare provider must sign below.

Student's TB Risk Assessment

Have you experienced any of the following symptoms within the past 12-months?

a.	**Unplanned weight loss**	❒ Yes ❒ No
b.	**Night sweats**	❒ Yes ❒ No
c.	**Fever lasting several weeks**	❒ Yes ❒ No
d.	**Frequent cough in the absence of a cold or flu**	❒ Yes ❒ No
e.	**Coughing up blood or blood-streaked sputum**	❒ Yes ❒ No
f.	**Chest pain or pain in the chest when taking a breath**	❒ Yes ❒ No
g.	**Shortness of breath/difficulty breathing**	❒ Yes ❒ No

My signature below affirms the information provided above is accurate to the best of my knowledge and acknowledges that it is my responsibility to contact my healthcare provider if I develop the symptoms listed above. If TB treatment is required, I will immediately inform my VUSN Program Director.

_____ _____

Student's Signature **Date**

Healthcare provider must also sign verification statement below:

Healthcare Provider signature required -

Provider signature below confirms this patient has no signs or symptoms of active TB.

_____ _____

Health Provider's Signature & Credentials **Date**

_____

Printed Name

_____ _____

Phone **Email Address**

_____

Address

Revised 2/14/2023