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**TUBERCULIN POSITIVE HISTORY REVIEW FORM**

**Please Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employee ID # or SS # : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_ I have had a positive Tuberculin skin test in the past. I have had one negative chest x-ray since my positive skin test.**

**OR**

**\_\_\_ I have had a positive Tuberculin skin test in the past. I have had one negative chest-ray since my positive skin test. I have also completed the recommended course of treatment for tuberculosis infection or disease. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**This statement is to confirm that I DO NOT have symptoms consistent with pulmonary tuberculosis such as:**

**A cough that lasts longer than 3 weeks**

**Unexplained fever**

**Night sweats**

**Unexplained weight loss**

**Coughing up blood**

**If no symptoms are present, a chest x-ray is not indicated. Should I develop any symptoms, I will seek immediate medical attention.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**

 **WUSM Occupational Health Services ( Fax# 362-0058)**