

# University of Miami Nursing/Medical/Physical Therapy Annual Tuberculosis Screening and Testing Form

Name \_\_\_\_\_ UM Student # \_\_\_\_\_  
Last, First M. I.

## TUBERCULOSIS SCREENING

### Annual PPD Screening

PPD (Mantoux 5TU only)  Positive  Negative \_\_\_\_\_ mm induration \_\_\_\_\_ month \_\_\_\_\_ date \_\_\_\_\_ year

### Chest X-ray (required for positive PPD)

Chest X-ray  Normal  Abnormal \_\_\_\_\_ month \_\_\_\_\_ date \_\_\_\_\_ year

(copy of chest x-ray must be attached to this form)

If PPD was positive and chest X-ray was negative: Was treatment of latent Tb offered?  Yes  No

Was treatment of latent Tb accepted?  Yes  No

Details of treatment including drug, dose, frequency and duration:

\_\_\_\_\_  
Name & title of physician or health care provider Signature Date

### Symptom Review:

#### Do you have any of the following?

Cough (duration of 3 wks or more)	yes	no	Night Sweats	yes	no
Chest Pain	yes	no	Appetite loss	yes	no
Hemoptysis (coughing up blood)	yes	no	Weight loss	yes	no
Fever	yes	no _____	Fatigue	yes	no _____
Chills	yes	no _____			

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

\_\_\_\_\_  
Name & title of physician or health care provider Signature Date

Address \_\_\_\_\_

\_\_\_\_\_  
City State Zip Telephone

**UPLOAD INFORMATION** at [mystudenthealth.miami.edu](http://mystudenthealth.miami.edu). Alternatively, enter information and scan and email, fax or mail to: [studenthealth@miami.edu](mailto:studenthealth@miami.edu), Fax (305) 284-4098, 5555 Ponce De Leon Blvd, Coral Gables, FL 33146

Immunization information is provided to the State of Florida FLORIDA SHOTS immunization registry. Students can opt out of this immunization registry by completing an opt-out form, available at [www.miami.edu/student-health](http://www.miami.edu/student-health)

**VERIFICATION OF RECEIPT AND PROCESSING CAN BE OBTAINED** at [www.mystudenthealth.miami.edu](http://www.mystudenthealth.miami.edu)