

Tuberculosis Awareness, and Signs and Symptoms Self-Declaration Form

This box is only to be completed by a student with ONE OR MORE of the following:

- A (previous) positive tuberculin skin test (TST)
AND/OR
- A (previous) positive interferon gamma release assay (IGRA) blood test
AND/OR
- Previous diagnosis and/or treatment for tuberculosis (TB) disease
AND/OR
- Previous diagnosis and/or treatment for TB infection
AND/OR
- Students who may have had a significant exposure¹ to infectious TB disease

I acknowledge the following:

- 1) Sometimes an individual with TB infection may progress to active (infectious) TB disease. I acknowledge that this can happen even for individuals who have normal chest X-rays, and for those who were successfully treated for active TB disease or latent tuberculosis infection in the past.
- 2) Possible TB disease includes one or more of the following persistent signs and symptoms:
 - Cough lasting three or more weeks
 - Hemoptysis (coughing up blood)
 - Shortness of breath
 - Chest pain
 - Fever
 - Chills
 - Night sweats
 - Unexplained or involuntary weight loss
- 3) I have a professional duty to obtain a prompt assessment from a clinician if I develop signs and symptoms of possible TB disease.

Do you have any of the symptoms in the above list?

No I do not have any of the above symptoms at the present time.

Yes I have the following symptoms:
(Also attach correspondence from a clinician explaining the symptoms)

Last Name: _____ Given Name(s): _____

Signature: _____ Date (yyyy-mm-dd): _____

¹ Whether an exposure was significant and requires follow-up testing should be determined by the occupational health unit in the facility, or public health unit in the local jurisdiction of the exposure.