 TUBERCULOSIS (TB): Student Self-Report

Sometimes in clinical practice you may be asked to work with a person/patient with TB. It is important that you self report on your immunity to TB so a decision can be made as to whether you are safe with this patient or not

Symptoms of TB can include any of the following: Fever and night sweats, Cough (generally lasting more than 2 weeks), Weight loss, Blood in the sputum (phlegm) at any time. A Healthcare worker with any of these symptoms should seek an appointment with the Student Health Clinic or or their family doctor for advice.

I consent to providing this information and the details are below

|  |  |
| --- | --- |
| Have you BCG marks/scars? | YES / NO Where are the scars? |
| Have you had a Recent Mantoux test? | YES / NO When & Result: |
| Have you had any recent contact with TB? | YES / NO Details: |
| Have you any suspicious symptoms of TB? | YES / NO Details: (E.g. Cough, fever, chills, night sweats, weight loss, sputum production, haemoptysis) |
| Date Of last Chest X-Ray | Date :\_  Result: |
| DECLARATION: I hereby certify that I personally completed this questionnaire. The answers to these questions are accurate to the best of my knowledge | Yes, I certify – check the box |
| I agree to undergo such medical surveillance as considered appropriate by the HSE West Area’s Occupational Health Service. | Yes I agree –check the box |

|  |  |
| --- | --- |
| I do not consent to provide this information |  |
| Signature of Student |  |
| Name in Block capitals |  |
| Date |  |