UNIVERSITY OF HAWAI'I AT MANOA
School of Nursing and Dental Hygiene
Office of Student Services
28 McCarthy Mall, Webster 201, Honolulu, HI 96822

FORM D

FORM D: TUBERCULOSIS MONITORING FORM

Only for students with Positive PPD (induration >= 10 mm)

Student Name: _____ UH Email: _____

Department: UH Mānoa SONDH Phone: _____

1. Date of your last TB skin test (PPD)_____Result:_____mm., if known
2. Date of your last Chest X-ray (CXR)_____Result: ☐ normal ☐ not normal, if known

   Where CXR Performed: _____
3. Have you been "exposed" to tuberculosis within the past year?

   CIRCLE ANSWER: YES / NO

   If yes, where? _____

   a) in hospital: Patient_____ Other _____

   b) in community (e.g., family, social activities) _____
4. Have you experienced any of the following symptoms in the last year? Check YES or NO in the table below

	YES	NO	COMMENT
Coughing longer than 3 weeks			
Coughing up blood			
Shortness of breath/difficulty breathing			
Chest Pain			
Weight loss/loss of appetite			
Night sweats			
Chills/fever			
Fatigue (more than usual)			

5. Do you have any chronic diseases? (Circle Answer) Yes / No. If yes, list:

   _____
6. List all medications you are taking now:

By signing below, I affirm that all my responses are true and accurate.

Student's Signature_____ Date_____