

Imperial Valley College-Student Health Center

HEALTH STATUS UPDATE FORM FOR POSITIVE TB TESTING

IF YOU HAVE A POSITIVE TB Testing (Tuberculin Skin Test (TST) or QuantiFeron-TB Gold (QFT-G), YOU MUST COMPLETE THIS FORM AND RETURN TO THE STUDENT HEALTH CENTER.

A positive skin test generally means that sometime during your life you have come in contact with the tuberculosis bacteria. Your body has made antibodies against tuberculosis bacteria and that is why your test turned "positive." It does not mean that you have tuberculosis.

Your initials confirm that you understood the following statements:

- _____ The QuantiFeron-TB Gold test (QFT-G) is a whole-blood test use in diagnosing Mycobacterium tuberculosis infection. A positive QFT indicates M tuberculosis is in your blood. A chest x-ray may be needed to confirm the diagnosis.
- _____ Confidential Morbidity Report will be submitted to Imperial County Health Department and they may contact you for possible prophylactic treatment and or follow-up.
- _____ You will be responsible in informing your Primary Care Physician of the result and potential prophylactic treatment regimen.
- _____ SHC will inform the IVC Program Coordinator of the above findings.

Print Name: _____ Date of Birth: _____ G#: _____	Program: <input type="checkbox"/> LVN <input type="checkbox"/> Preschool <input type="checkbox"/> Paramedic <input type="checkbox"/> CNA <input type="checkbox"/> Child Dev. <input type="checkbox"/> Firefighter <input type="checkbox"/> MA <input type="checkbox"/> EDUC 200 <input type="checkbox"/> EMT <input type="checkbox"/> HHA <input type="checkbox"/> <input type="checkbox"/> RN <input type="checkbox"/> WKStudy <input type="checkbox"/>	
DO YOU HAVE ANY?	YES	NO
Productive cough which has lasted at least three (3) weeks?		
Persistent weight loss without dieting?		
If yes, how many pounds did you lose? Since when?		
Persistent low grade fever?		
Night sweats?		
Loss of appetite?		
Swollen glands, usually in the neck?		
Coughing up blood?		
Shortness of breath?		
Chest pain?		
Date and reason you last consulted your personal physician:		
What treatment/medication was given or prescribed?		
Describe any illnesses you have had in the past year:		

To the best of my knowledge, I am free from illness and capable of performing my duties.

Print Name: _____	Date: _____
Student Signature: _____	
Reviewed by SHC Nurse: _____ L.V.N.	Date: _____