

PART V TB QUESTIONNAIRE: *This form must be submitted to Sentry MD annually after onboarding. The initial TB requirement must be fulfilled at entry. Submit this completed form to Sentry MD annually by logging into your account here: <https://mysentrymd.com/sentrymd.html#/home>.*

PART A: Student Questionnaire

1. Have you experienced any of the following symptoms in the last year?

- a. A productive cough for more than 3 weeks Yes No
- b. Hemoptysis (coughing up blood) Yes No
- c. Unexplained weight loss Yes No
- d. Fever, chills, or night sweats for no known reason Yes No
- e. Persistent shortness of breath Yes No
- f. Unexplained fatigue Yes No
- g. Chest pain Yes No

2. Have you had contact with anyone with active tuberculosis disease in the past year? Yes No

3. Do you have a medical condition, or are you taking medications that suppress your immune system?
Yes No

I declare that my answers and statements are correctly recorded, complete, and true to the best of my knowledge.

Student Name: _____ Student Signature: _____ Date: _____

****If you answered “YES” to any of the above questions, please have PART B filled out by a Health Care Provider****

PART B: Provider Review | To be completed only if the student answered “YES” to any above questions.

Upon review of the responses to the questionnaire and discussion with the person for whom the tuberculosis evaluation is required, I recommend as following:

____ There is no indication this person has active tuberculosis at this time. Their TB Skin Test should be deferred until the National PPD shortage has ended. Interferon Gamma Release Assay (IGRA) TB Blood Test may be considered as an alternative, if practicable. (Client is insured or can afford out of pocket).

____ Further evaluation, including a TB Skin Test, Interferon Gamma Release Assay, or other medical evaluation, is indicated and should be completed prior to work placement or admission to a facility.

Provider Name: _____ Provider Signature: _____ Date: _____