



**TUBERCULIN POSITIVE HISTORY REVIEW FORM**

**Please Print Name:** \_\_\_\_\_

**Employee ID # or SS # :** \_\_\_\_\_ **Department** \_\_\_\_\_

\_\_\_ **I have had a positive Tuberculin skin test in the past. I have had one negative chest x-ray since my positive skin test.**

**OR**

\_\_\_ **I have had a positive Tuberculin skin test in the past. I have had one negative chest-ray since my positive skin test. I have also completed the recommended course of treatment for tuberculosis infection or disease.**

\_\_\_\_\_  
**This statement is to confirm that I DO NOT have symptoms consistent with pulmonary tuberculosis such as:**

**A cough that lasts longer than 3 weeks**

**Unexplained fever**

**Night sweats**

**Unexplained weight loss**

**Coughing up blood**

**If no symptoms are present, a chest x-ray is not indicated. Should I develop any symptoms, I will seek immediate medical attention.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

