



TUBERCULIN HISTORY REVIEW FORM

Please Print Name: _____

Employee ID # (preferred) or last four digits of SS # : _____

Department _____

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, please indicate by signing below. If you are experiencing or develop any of these symptoms, please contact WUSM Occupational Health #362-3528.

Signature

Date

Please email this form to occupationalhealthservice@wusm.wustl.edu or fax to # 362-0058