



Student Health Services

Medical University of South Carolina
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TUBERCULOSIS SELF-EVALUATION SURVEY

Have you had any of the following symptoms for more than 3 weeks :

- NO YES Chronic cough for over 3 weeks
- NO YES Coughing up blood or sputum
- NO YES Unexplained shortness of breath
- NO YES Unexplained loss of appetite
- NO YES Weight loss without dieting (over 8-lbs.)
- NO YES Night sweats
- NO YES Persistent low grade fever (> 100.0 F)
- NO YES Chronic pain in chest
- NO YES Severe fatigue for over 3 weeks
- NO YES In the past year, have you been in contact with anyone (i.e., family, patients, etc.) who is contagious for TB?

I HAVE READ AND UNDERSTAND THE SYMPTOM FOR TUBERCULOSIS. I UNDERSTAND IT IS MY RESPONSIBILITY TO REPORT TO STUDENT HEALTH SERVICES IF ANY SYMPTOMS OCCUR.

Name (Print): _____

Signature: _____

Date: _____

Contact Information (Phone) : _____