

UNIVERSITY OF CALIFORNIA SAN FRANCISCO
SCHOOL OF MEDICINE, GRADUATE MEDICAL EDUCATION

2021/2022 HEALTH STATEMENT FOR CONTINUING RESIDENTS & FELLOWS

Screening for tuberculosis is required. Both positive and negative TB skin test readings must be recorded in millimeters.

First Name _____ Middle Name _____ Last Name _____

Program _____ Date of Birth _____ Gender _____

BACKGROUND INFORMATION

- Have you traveled internationally/overseas in the past year? Yes No
If yes, where? _____
- Country of birth _____
- Have you worked in a prison or homeless shelter in the past year? Yes No
- Have you entered a TB isolation room without a mask or had an exposure to a known case of TB in the past year? Yes No
- Have you been notified that your immune system is suppressed or compromised? Yes No

NOTE: If a health practitioner has told you that your immune system is suppressed or compromised, please notify the practitioner who is administering the TB skin test. HIV infection and other medical conditions may cause a TB skin test to be negative even when TB infection is present.

Have you ever received BCG vaccine? Yes No Don't Know
Year of most recent BCG _____ Country _____

SIGN AND SYMPTOM REVIEW

Have you ever had any of the following symptoms for more than three weeks at a time?

(Please check ALL appropriate boxes)

Excessive sweating at night	<input type="checkbox"/> Yes <input type="checkbox"/> No	Coughing up blood	<input type="checkbox"/> Yes <input type="checkbox"/> No
Excessive weight loss	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hoarseness	<input type="checkbox"/> Yes <input type="checkbox"/> No
Persistent coughing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Persistent fever	<input type="checkbox"/> Yes <input type="checkbox"/> No
Excessive fatigue	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Note: Please call CRMC Employee Health at (559) 459-6416 to schedule an appointment if you have checked any of the above symptoms.

IF YOU HAVE A NEGATIVE TB SKIN TEST HISTORY

Screening for Tuberculosis is required annually no later than **April 30th** by the Employee Health Services located at any of our affiliate hospitals (CRMC/VA). It is your responsibility to forward a copy of your results to the Graduate Medical Education department by the **April 30th** deadline for processing.

IF YOU HAVE A POSITIVE TB SKIN TEST HISTORY, COMPLETE THE FOLLOWING

Date of TB skin test conversion: _____ mm Reading: _____

Note: If you have become PPD positive within the past 12 months, you must submit documentation of a chest x-ray taken at the time of conversion.

INH Therapy Taken: Yes No

Other Therapy Taken: Yes No

Length of Treatment: _____ mos.

Length of Treatment: _____ mos.

SIGNATURE: _____

DATE: _____