

Allied Healthcare Student TB Assessment and Screening

All new SPEX students are required to complete this Tuberculosis Assessment and Screening form. The information you provide on this form will be used to decide whether TB screening and/or clinical review is required.

Part A: Symptoms		
1. Do you currently have a cough that has lasted longer than 2 weeks?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Have you had any episode of haemoptysis (coughing up blood)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Have you had unexplained fever, chills or night sweats in the past month?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Have you had any unexplained weight loss in the past month?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If you answered yes to any of the above questions, please attach relevant details on a separate page, including all results of any investigations or medical assessments.</i>		
Part B: Travel History		
1. Were you born in Australia?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, in what country were you born? _____		
What year did you arrive in Australia? _____		
2. Have you visited and/or lived in other countries in your lifetime?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Country	Duration of stay	Approximate dates/year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<i>(attach a separate page if necessary)</i>		
3. Have you ever had contact with a person known to have TB?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, detail the nature of the contact (attach separate page if necessary):		
4. Have you ever been tested for TB before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If yes, please attach an official record of your results showing date, TST, IGRA, sputum culture and/or chest x-ray.</i>		
Part C: Student Declaration		
<i>(Name details provided must be the same as the details on your Student ID)</i>		
I declare that the information provided on this form is true and correct.		
Full Name:		
Student ID:	Date of Birth:	
Phone Number:	Email:	
Signature:	Date:	