

ANNUAL TB UPDATE FORM

Per University of Wyoming School of Nursing policy, you will not be tested for TB as a result of your having reported a documented history of a past positive TB test. (This is based on the recommendations of the vou in

Tuberc are req	ulos uire	is Policy Statement, Wyc d to provide initial docur	min men		upplemental esults to the	Issue, August, 1989.) However, yo e School of Nursing for enclosure i	
	1) provide documentation of annual chest x-ray results						
OR	2)	 complete this form annually with your healthcare provider and submit it to the School of Nursing fo enclosure in your student file. 					
You are Advisor		sponsible for reporting ar	ny of	the following group of sym	nptoms imm	ediately to your Clinical (Faculty)	
The syı	npt	oms of TB are as follow	s:				
•	List	tlessness	•	Night sweats	•	Loss of appetite	
•	Vag	gue chest pain	•	Fever	•	For women – irregular menses	
•	We	eight loss					
				nave been given an opportuny of the above symptoms.	inity to ask o	questions. I agree to report to my	
Student Signature					Date		

Upon requests from clinical agencies, a copy of this document may be submitted to them with the other required health information needed to meet student placement guidelines.

Date

Healthcare Provider