

Edward Via College of Osteopathic Medicine
Annual Questionnaire for Individuals with Positive PPD

Name: _____ D.O.B. _____

Date of Positive PPD exam: _____

Past BCG?: Yes____No____

Past treatment: _____

In order to ensure patient safety, it is required that all students who have positive PPD history complete this questionnaire and have it signed by their physician after an examination annually.

During the past year, did you experience any of the following signs or symptoms? Please circle the appropriate response:

Chronic/persistent cough	Yes	No
Cough or spit up blood	Yes	No
Unexplained significant weight loss/anorexia	Yes	No