FDU
Student Health Services
Metropolitan Campus

STUDENT HEALTH SERVICES
Metropolitan Campus
1000 River Road, T-SU2-03
Teaneck, New Jersey 07666
Phone: (201) 692-2437
Fax: (201) 692-2642

Symptom Assessment for Pulmonary Tuberculosis (TB)

Name: _____
Last First FDU Student ID#

Date of Birth: _____/_____/_____ **Phone:** ( ) _____
Month Day Year

Date of Symptom Assessment: _____/_____/_____
Month Day Year

(*Check all TB- like symptoms that apply):*

☐Productive Cough of Undiagnosed Cause (more than 3 weeks in duration)

☐Fever

☐Coughing Up Blood (hemoptysis)

☐Chills

☐Unexplained Weight Loss (10 pounds or greater without dieting)

☐Chest Pain

☐Night Sweats (regardless of room temperature)

☐Very Easily Tired (fatigability)

☐Unexplained Loss of Appetite

☐*No TB-Like Symptoms Reported or Observed*

If any symptoms are reported, a chest X-ray is required. Report must be attached

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Signature of Medical Provider: _____ **Date:** _____

Print Name: _____

Phone Number: _____

Address: _____

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OFFICE STAMP OR PROVIDER LICENSE NUMBER