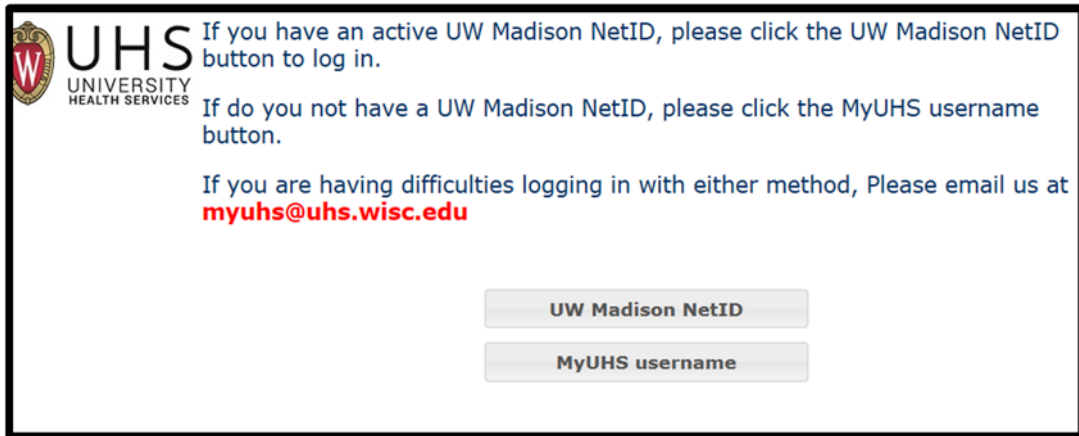


Steps for Completing Reactive TST Questionnaire (TB Symptom Screen)

Note: Complete and submit within 30 minutes to prevent data loss, see last step to view final screen shot

1. Log in to "MyUHS" https://myuhs.uhs.wisc.edu/login_login.aspx



The screenshot shows the MyUHS login page. On the left is the UHS University Health Services logo. The main text reads: "If you have an active UW Madison NetID, please click the UW Madison NetID button to log in." Below this, it says: "If do you not have a UW Madison NetID, please click the MyUHS username button." At the bottom, it states: "If you are having difficulties logging in with either method, Please email us at myuhs@uhs.wisc.edu". There are two buttons: "UW Madison NetID" and "MyUHS username".

2. To complete questionnaire, Select "Messages"



The screenshot shows the MyUHS Home page. At the top left, it says "University Health Services at UW-Madison". The UHS logo is on the left, and "Home" is next to it. In the top right corner, it says "Welcome,". Below the logo, there is a navigation menu with the following items: Home, Profile, Appointments, Messages (highlighted with a red arrow), Forms, Survey Forms, Account Statements, UHS Health Record, and Immunizations. The main content area shows: "You last logged in in 6/3/2016 3:38:29 PM" and a link to "Conditions of Use". Below that, it says "You have 6 unread secure messages. [Go to Messages]". A red banner reads: "You Can Receive Text Message Appointment Reminders: Enable Text Messages". A white box contains the text: "Welcome to MyUHS. To protect your private health information you must either log out of MyUHS or when finished in MyUHS. Simply closing the MyUHS tab will NOT log you out. Failure to do so may result in others being able to view your information. Please click on 'Conditions of Use' above for further instructions on using MyUHS." At the bottom, there is a link for "[Advanced Options]" and a note: "You are seeing this link because your patient record is configured as a testing record."

3. Select "New Message"

Welcome,

UHS
UNIVERSITY
HEALTH SERVICES

Secure Messages Inbox

[New Message](#) [Refresh](#)

Home	Read	From	Date	Subject
Profile		ROBERTS, CRAIG M PA-C	5/23/2012 2:27 PM	READ IT Test batch secure messag
Appointments		RYAN, GERALD MD	5/23/2012 2:12 PM	READ IT test secure message
Messages		Ann Reynolds, RN	8/12/2011 11:47 AM	READ IT
Forms		Molly K Kloehn,	11/4/2010 4:19 PM	READ IT referral follow up
Survey Forms		Monika	8/13/2010 10:45 AM	READ IT
Account Statements		Gutkowska, Psy.D.		
UHS Health Record		Mary E Fitzpatrick,	8/13/2010 10:44 AM	READ IT
Immunizations		MS		

4. Select Role "I am ..."

Welcome, Itsy Spyder | [L](#)

UHS
UNIVERSITY
HEALTH SERVICES

In addition to students and their domestic partners, UHS provides select services to employees.
PLEASE CHOOSE FROM THE OPTIONS BELOW SO WE CAN DIRECT YOUR MESSAGE TO THE APPROPRIATE SERVICE

Select One

I am a UW Student or Domestic Partner

I am a UW Employee, Affiliate or Contract Worker


I am a University Health Services (UHS) Employee

[Continue](#) [Cancel](#)

5. **Select appropriate Questionnaire**

University Health Services at UW-Madison

Welcome, Harry Spyder | [Logout](#)




Please CHOOSE THE QUESTIONNAIRE you need to complete from the list below.

Or, CHOOSE SEND A MESSAGE to the Occupational Medicine Clinic to request information regarding what you need to complete or if you require assistance

The OCCUPATIONAL MEDICINE PRIVACY AND CONSENT FORM and the AUTHORIZATION FOR RELEASE OF OCCUPATIONAL HEALTH RECORDS FORM must be completed and submitted in the FORMS tab of MyUHS (click "CANCEL" to return to the home page and select "FORMS" from the list on the left.

QUESTIONNAIRES completed in this area are submitted directly to Occupational Medicine.

- RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE (complete and submit)
- ANIMAL CONTACT RISK ASSESSMENT QUESTIONNAIRE (complete and submit)
- OM LASER OPERATOR QUESTIONNAIRE (complete and submit)
- OM REACTIVE TST QUESTIONNAIRE (complete and submit)
- OCCUPATIONAL MEDICINE PRIVACY AND CONSENT FORM (completed in "FORMS")
- AUTHORIZATION FOR RELEASE OF OCCUPATIONAL HEALTH RECORDS FORM (completed in "FORMS")
- SEND A MESSAGE to the Occupational Medicine Clinic



6. **Complete Questionnaire**

Current Health History

Do you now or have you recently experienced any of the following symptoms?

Prolonged Cough Yes No

Sputum production Yes No

Coughing up blood Yes No

Unexplained fever Yes No

Unexplained night sweats Yes No


Unexplained and undue fatigue or loss of energy Yes No

Unexplained and unplanned weight loss Yes No

*If answered Yes to any of the above symptoms, please provide an explanation. A UHS provider will contact you for an evaluation if necessary. If these symptoms occur in the future, you should seek medical care for possible active tuberculosis.

~Thank you~

11-2016



7. If needed, correct errors



8. Confirmation of submission

