TUBERCULOSIS SYMPTOM SCREEN QUESTIONNAIRE

Name: _____

Complete per TB Guidelines:

YES	NO	
		1. Have you experienced any of the following symptoms in the past year?
		• Productive cough longer than 3 weeks in duration
		• Unexplained weight loss
		• Persistent low fever
		• Excessive fatigue
		• Coughing up blood
		• Shortness of breath
		• Chills
		• Severe night sweats
		2. Have you ever been told that you have active TB?
		3. Have you ever had contact with anyone with active TB?
		4. Have you ever traveled or lived outside of the country for three months or greater?

Please provide further details to any "YES" answers:

_____

_____

_____

Reviewer's Signature and Title: _____ Date: _____

4/2014
Revised 1/2016 lp
Revised 4/2017