



TB SYMPTOMS EVALUATION

Please check one:

- Untreated latent TB infection
- Refusal for Testing

Healthcare personnel with an untreated latent TB infection are required to complete an evaluation for symptoms of TB. Below is a list of signs and symptoms frequently associated with TB disease. Please review the list and indicate any symptoms you may currently have, or have had, in the past 12 months by placing a check mark next to all that apply to you.

Please check

Yes	No		Yes	No	
<input type="radio"/>	<input type="radio"/>	Unexplained hoarseness			
<input type="radio"/>	<input type="radio"/>	Loss of appetite			
<input type="radio"/>	<input type="radio"/>	Weight loss	<input type="radio"/>	<input type="radio"/>	Fatigue or weakness
<input type="radio"/>	<input type="radio"/>	A bad cough that lasts 3 weeks or longer	<input type="radio"/>	<input type="radio"/>	Chest pain
<input type="radio"/>	<input type="radio"/>	Coughing up bloody sputum	<input type="radio"/>	<input type="radio"/>	Recurrent pneumonia
<input type="radio"/>	<input type="radio"/>	Persistent fever or Chills	<input type="radio"/>	<input type="radio"/>	Exposure to a known TB patient Date of exposure _____
<input type="radio"/>	<input type="radio"/>	Night sweats			

If at any time during the 12-month period between TB screens you experience symptoms of potential TB, please immediately notify the Employee Health/Infection Prevention Department.

Healthcare Provider (print name)

Healthcare Provider Signature

Date

Witness Signature

Witness Title

Date

HEALTH PROFESSIONALS

This form was created by the American Lung Association in Indiana with the assistance of our Tuberculosis Education Task Force. For more information, visit us at Lung.org.

If you have medical-related TB questions, consult with your organization's policies or contact the Indiana Department of Health TB Program at 317-233-7434.