



Tuberculosis Symptom Screening Form

Client's name: _____ Date of Birth: _____

Facility name: _____ Screening date: _____

Person completing form: _____ Title: _____
Print Name

Upon intake and annually, screen all persons in custody for signs and symptoms consistent with tuberculosis (TB) disease.

Screen employees and volunteers who share the same air with inmates for TB signs and symptoms prior to employment and annually.

Persons with TB symptoms should receive a chest x-ray and be evaluated for active TB disease regardless of the test results from either a TB skin test or Interferon-Gamma Release Assay (IGRA).

Persons with a documented history of a positive tuberculin skin or IGRA test result should not be re-tested or receive routine annual chest x-rays. They should receive an annual symptom screen using this form and should be referred to a clinician for further evaluation when indicated (see above).

CLIENT'S SYMPTOM SCREEN

Do you have any of the following TB signs and symptoms?

- 1. Productive cough lasting three (3) weeks or more No Yes
2. Persistent weight loss without dieting No Yes
3. Persistent fever above 100 degrees F No Yes
4. Night sweats No Yes
5. Loss of appetite No Yes
6. Coughing up blood (hemoptysis) No Yes

REFERRAL

If any of the above answer is 'yes', instruct client to wear a surgical mask and refer for further evaluation.

Chest x-ray referral: Date: _____ Referred to: _____

Medical evaluation referral: Date: _____ Referred to: _____

NOTES:

Clients with symptoms consistent with TB should be placed in isolation under negative air pressure until a diagnosis of TB is excluded. Employees and volunteers with symptoms consistent with TB should be placed on a work stop precaution until a TB diagnosis is ruled out.