

Tuberculosis (TB) Update and Assessment Form

Name: _____ Company: _____ Date: _____
Please print legibly

If you have had a positive Tuberculosis (TB) skin test or have a documented medical reason why you should not receive a TB skin test, you must be assessed annually for active signs and symptoms of TB. This form is used for this assessment:

- when a TB test is positive for the first time;
- for the annual assessment of healthcare workers with positive TB skin tests. (Annual chest x-rays are not recommended by the Centers for Disease Control [CDC] as they expose individuals to unnecessary radiation.) and
- documented medical deferral for TB testing.

Within the past 30 days, have you had any of the following symptoms:

	Yes	No
1. Productive cough that has lasted three weeks?	_____	_____
2. Persistent weight loss without dieting?	_____	_____
3. Coughing up blood?	_____	_____
4. Shortness of breath or difficulty breathing?	_____	_____
5. Chest pain?	_____	_____
6. Persistent low grade fever?	_____	_____
7. Chills?	_____	_____
8. Night sweats?	_____	_____
9. Loss of appetite?	_____	_____
10. Swollen glands, usually in the neck?	_____	_____
11. Unexplained fatigue?	_____	_____

Signature: _____ Date: _____

Reviewed by: _____ Date: _____