Tuberculosis (TB) Update and Assessment Form

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:

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

Signature: ___________________________ Date: _____________

Reviewed by: ___________________________ Date: _____________