



PART ONE (To be completed by Patient)

SYMPTOMS	DESCRIPTIONS	YES	NO
1. COUGH	Currently have cough of greater than 3 weeks duration		
2. FEVER	Persistent fever elevations lasting greater than 3 weeks		
3. NIGHT SWEATS	Persistent sweating that leaves sheets and bedclothes wet		
4. COUGHING UP BLOOD	Any blood streaked sputum		
5. SOB/CHEST PAIN	Presently having shortness of breath or chest pain		
6. WT LOSS/ ANOREXIA	Loss of appetite with unexplained weight loss		

Patient signature: _____

If patient answered **Yes** to any questions above, offer tissues if patient is coughing and refer to medical personnel to complete PART TWO.

PART TWO (To be completed by Medical personnel use only to help determine infection status)

RISK FACTORS	YES	NO
1. Does patient have a past history of Tuberculosis or TB skin test conversion?		
2. Has patient been exposed to someone with known Tuberculosis infection?		
3. Is patient high risk due to: recurrent pneumonia, age, alcoholism, drug abuse?		
4. Does patient reside in a nursing home, shelter, prison, other public facility, or homeless?		
5. Was patient born, previously traveled to, or lived in a high-risk foreign country?		

FINDINGS: Low Risk for Tuberculosis High Risk for Tuberculosis

Comments/Actions: _____

Completed by: _____