Tuberculosis(TB)SymptomQuestionnaire PositiveTBtest/LatentTuberculosisInfection

Patient Name:	Date of Birth:
Chest X-Ray Date:	Results:
Date Medication Started:	Completed:
Medications:	

Please answer the following questions:

1. Patient has had a bad cough that lasts longer than two weeks. Yes No

2. Patient sometimes has pain in my chest. Yes No

3. Patient sometimes coughs up blood or sputum (from deep in lungs). Yes No

4. Patient sometimes has weakness or fatigue. Yes No

5. Patient has had recent weight loss without dieting. Yes No

6. Patient has not had an appetite. Yes No

7. Patient sometimes has chills. Yes No

8. Patient recently had a fever. Yes No

9. Patient sweats at night while asleep. Yes No

10. Patient recently spent time with someone who has TB. Yes No

This person is not infections. He/she may always have a positive TB skin test, so there is no reason to repeat the test. If you need any further information, Please contact this office.

Provider Name:
Provider Signature:
Date: