



Tuberculosis (TB) Disease Symptom Screening Form

**Use this form to screen individuals for symptoms of *active TB disease*.
 Medical evaluation is needed if any of the “YES” boxes below are checked.**

Have you had a productive cough for more than three weeks? • <i>Individuals who report a cough of more than three weeks should be asked to wear a mask.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been coughing up blood? • <i>Individuals who report coughing up blood need immediate medical evaluation.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been running a fever?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have night sweats?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been losing weight when you haven't been trying to?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you feel weak or more tired than normal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Symptoms present → medical evaluation for active TB disease needed

No symptoms present → consider evaluation for TB infection (latent TB) (See [TB Infection Risk Assessment form](#))

Name _____

Date of Birth: _____

Assessment reviewed by: _____

Date: _____

If the individual answered YES to any of the above questions, please document the clinic or emergency department the individual was referred to. Please call the State of Alaska at 269-8000 for mandatory reporting of suspected active TB case.

Clinic or ED name: _____