IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

TUBERCULOSIS SYMPTOM SCREEN

Patient Name: _____ Date of Birth: ____/____/____ Gender: ❒ Male ❒ Female

MEDICAL INFORMATION:

Last Skin Test Date: _____/_____/_____Result: _____mm ❒ Positive ❒ Negative TB Site: _____

Place Skin Test Was Given: _____ Provider Name: _____

Chest X-Ray Date: _____/_____/_____ ❒ Normal ❒ Abnormal CT Scan Date: _____/_____/_____ ❒ Normal ❒ Abnormal

Has patient been treated for**: Latent TB Infection (LTBI)?** ❒ No ❒ Yes If Yes, number of months _____

Has patient been treated for: **TB Disease?** ❒ No ❒ Yes If yes, when? _____ Where? _____

Does patient have a cough?..... ❒ No ❒ Yes

If yes, how long? # Days_____ # Weeks_____ # Months_____

What color is the mucus? _____ Is patient coughing up blood? ❒ No ❒ Yes

Does patient have night sweats? ..... ❒ No ❒ Yes

Does patient have fevers? ..... ❒ No ❒ Yes

Has patient lost weight without trying? ..... ❒ No ❒ Yes

Has patient been tired or weak? ..... ❒ No ❒ Yes

If yes, how long has it lasted? # Days_____ # Weeks_____ # Months_____

Does patient have chest pain? ..... ❒ No ❒ Yes

If yes, how long has it lasted? # Days_____ # Weeks_____ # Months_____

Does patient have shortness of breath? ..... ❒ No ❒ Yes

If yes, how long has it lasted? # Days_____ # Weeks_____ # Months_____

Does patient know anyone who has these symptoms? ..... ❒ No ❒ Yes

Name: _____ Address _____ Phone _____

ACTION TAKEN (check all that apply)

No sign of active TB at this time	
Chest X-ray not needed at this time	
Discussed signs and symptoms of TB with client	
Client knows to seek health care if symptoms of TB appear	
Further action needed:	
• Isolated	
• Given surgical mask	
• Chest X-Ray is needed • Sputum samples are needed	
• Referred to Doctor/Clinic (Specify):	
• Other (Specify):	

Person Completing Form: _____ **Date Completed:** ____/____/____