AMERICAN LUNG ASSOCIATION®

TB EDUCATION PROGRAM

ANNUAL TB SYMPTOMS EVALUATION

You can type your information directly into this form. You will not be able to save; print before closing.

Please check one:

- ○ Previous positive TB skin test - positive reactor
- ○ Immunosuppressive/other therapy contraindicating tuberculin skin testing
- ○ Allergy to phenol
- ○ BCG immunization*
- ○ History of TB disease Date(s)_____
  Treatment_____

Healthcare providers with a documented history of a positive TB skin test or who are unable to complete TB skin testing due to medical contraindications are required to complete an evaluation for symptoms of TB in lieu of an annual chest x-ray. Below is a list of symptoms frequently associated with TB disease. Please review the list and indicate any symptoms you may currently have, or have had, in the past 12 months by placing a check mark next to all that apply to you.

Please check

Yes	No		Yes	No	
○	○	Unexplained hoarseness	○	○	Coughing up blood (hemoptysis)
○	○	Loss of appetite	○	○	Recurrent shortness of breath
○	○	Unexplained weight loss	○	○	Unexplained fatigue or weakness
○	○	Productive or prolonged cough (over 2 weeks duration)	○	○	Chest pain
○	○	Bloody sputum	○	○	Recurrent pneumonia
○	○	Persistent fever (over 100º F	○	○	Unprotected exposure to a known TB patient Date of exposure_____
○	○	Night sweats	○	○	Present symptoms experienced

If at any time during the 12-month period between TB screens you experience symptoms of potential TB, please immediately notify the Employee Health/Infection Prevention Department.

Healthcare Provider *(print name)*	Healthcare Provider Signature	Date
Witness Signature	Witness Title	Date

HEALTH PROFESSIONALS

This form was created by the American Lung Association in Indiana with the assistance of our Tuberculosis Quality Task Force. For more information, visit us at **LungIN.org** (click on Programs and Materials, select Tuberculosis). We offer one of the best TB education programs in the country. Our TB program is approved by the American Lung Association, the Indiana State Department of Health and the Centers for Disease Control.

If you have medical-related TB questions, consult with your organization's policies or contact the Indiana State Department of Health TB Department at **317-233-7434.**

***False positive reactions may occur with TB skin testing following BCG vaccination; however, reactions tend to wane five or more years after immunization. If TB skin testing results in a positive reaction, it is recommended that a blood assay for Mycobacterium Tuberculosis be obtained.**