ST. ANTHONY
Regional Hospital & Nursing Home

Tuberculosis Health Assessment/Screening

Tuberculosis Screening Name: _____ Date of Birth: _____

TB Risk Assessment:	Yes	No
Have you ever had Tuberculosis disease?		
Have you recently been in close contact with someone diagnosed with active TB?		
Were you born in or have you lived/traveled for extended periods in a country where TB is common?		
Do you have a weakened immune system (such as from certain medications or medical conditions)?		
Have you worked or volunteered in settings where TB exposure is more likely (homeless shelters, correctional facilities, nursing homes, hospitals, etc.)?		
A positive Tuberculin Skin Test or IGRA (Quanteferon Gold or T-spot).		

Have you experienced any of the following signs or symptoms in the last year:	Yes	No
Weight Loss- unexplained beyond normal fluctuations		
Anorexia loss of appetite- >2 months		
Fatigue-interferes with daily living		
Cough-persistent over last 3 weeks or more		
Fever-persistent elevations over past few months		
Hemoptysis-blood-streaked sputum		
Abnormal Chest X-ray		
Night Sweats		

If you answered yes to any of these questions, please explain: _____

_____

_____

Signature: _____ Date: _____

EH Signature: _____Date: _____