Tuberculosis Checklist

Tacoma - Pierce County Health Department
Healthy People in Healthy Communities

May 2017 • Information for Pierce County healthcare providers

Communicable Disease Control
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(253) 649-1412 • (253) 649-1389 (fax)

Tuberculosis Symptoms Checklist

Name _____ Date of birth_____

Have you had any of the following symptoms?

	Yes	No
1. **Unexplained** cough?		
2. **Unexplained** fever?		
3. **Unexplained** night sweats?		
4. **Unexplained** weight loss?		
5. **Unexplained** fatigue?		

Disposition

❑ Needs chest x-ray. Referred to _____

❑ This person may return to work.

Comments

_____

_____

_____

Staff signature

_____ _____

Signature Date