

# Tuberculosis Checklist



Oct. 2016 • Information for Pierce County Medical Providers

Communicable Disease Division  
3629 South D Street, Tacoma, WA 98418  
(253) 798-6410 (phone) • (253) 798-7666 (fax)

## Symptoms Checklist

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

Have you had any of the following symptoms?

	YES	NO
A. Unexplained cough?		
B. Unexplained fever?		
C. Unexplained night sweats?		
D. Unexplained weight loss?		
E. Unexplained fatigue?		

### DISPOSITION:

Needs chest x-ray. Referred to: \_\_\_\_\_

This person may return to work.

### COMMENTS:

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### STAFF SIGNATURE:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date