



Iowa Department of Public Health

Tuberculosis Control Program

TB Screening Form

Name: _____

DOB: _____

| Signs and Symptoms of TB Disease | | Yes | No |
|--|--|--------------------------|--------------------------|
| Persons who answer "yes" to any of the following signs and symptoms warrant further investigation to rule out active infectious pulmonary/laryngeal TB. | | | |
| 1. Productive cough of more than three (3) weeks duration | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Coughing up blood | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Persistent fevers | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Drenching night sweats | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Unplanned weight loss | | <input type="checkbox"/> | <input type="checkbox"/> |
| Risk Factors for TB | | Yes | No |
| Persons who answer "yes" to the following risk factors for TB should be referred to the local health department or health care provider for evaluation, to include a TB skin test or IGRA (unless there is a documented history of a past positive) and a chest x-ray as needed. | | | |
| Persons at risk for exposure to persons with TB disease | Close contact to a person with infectious TB Disease | <input type="checkbox"/> | <input type="checkbox"/> |
| | Immigration from a part of the world with high rates of TB | <input type="checkbox"/> | <input type="checkbox"/> |
| | Resident or employee of high-risk congregate setting (e.g., correctional facility, homeless shelter, health care facility) | <input type="checkbox"/> | <input type="checkbox"/> |
| Persons more likely to progress from LTBI to TB disease | HIV-infected person | <input type="checkbox"/> | <input type="checkbox"/> |
| | Injection drug user | <input type="checkbox"/> | <input type="checkbox"/> |
| | Person receiving TNF-a antagonists for treatment of rheumatoid arthritis or Crohn's disease | <input type="checkbox"/> | <input type="checkbox"/> |
| Clinical conditions that increase the risk of progression from LTBI to TB Disease | HIV infection | <input type="checkbox"/> | <input type="checkbox"/> |
| | Low body weight (more than 10% below ideal) | <input type="checkbox"/> | <input type="checkbox"/> |
| | Silicosis | <input type="checkbox"/> | <input type="checkbox"/> |



Iowa Department of Public Health

Tuberculosis Control Program

| | | | |
|--|--|--------------------------|--------------------------|
| | Diabetes mellitus | <input type="checkbox"/> | <input type="checkbox"/> |
| | Chronic renal failure or being on hemodialysis | <input type="checkbox"/> | <input type="checkbox"/> |
| | Gastrectomy | <input type="checkbox"/> | <input type="checkbox"/> |
| | Jejunioleal bypass | <input type="checkbox"/> | <input type="checkbox"/> |
| | Solid organ transplant | <input type="checkbox"/> | <input type="checkbox"/> |
| | Head and neck cancer | <input type="checkbox"/> | <input type="checkbox"/> |

Name of provider/clinic person was referred to: _____

This assessment was completed by (print name): _____

Signature: _____

Date of assessment: _____