IOWA | Health and Human Services
Public Health

Tuberculosis Program

TB Signs, Symptoms and Risk Factor Screening Form

Name: _____ Date of Birth: _____

Signs and Symptoms of TB Disease Persons who answer "yes" to any of the following signs and symptoms warrant further investigation to rule out active infectious pulmonary/laryngeal TB.		**Yes**	**No**
1. Productive cough of more than three (3) weeks duration		☐	☐
2. Coughing up blood		☐	☐
3. Persistent fevers		☐	☐
4. Drenching night sweats		☐	☐
5. Unplanned weight loss		☐	☐
TB Risk Factors 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 test) and a chest x-ray as needed.		**Yes**	**No**
Persons at risk for exposure to persons with TB disease	Close contact to a person with infectious TB Disease	☐	☐
	Immigration from a part of the world with high rates of TB	☐	☐
	Resident or employee of high-risk congregate setting (e.g., correctional facility, homeless shelter, health care facility)	☐	☐

TB Risk Factors Continued		Yes	No
Persons more likely to progress from Inactive TB/LTBI to TB disease	HIV-infected person	☐	☐
	Children younger than 5 years of age	☐	☐
	People recently infected with TB bacteria (within the last 2 years)	☐	☐
	People with a history of untreated or inadequately treated TB Disease	☐	☐
	Person receiving immunosuppressive therapy such as tumor necrosis factor alpha (TNF) antagonists, systemic corticosteroids equivalent to greater than 15 mg prednisone per day or immunosuppressive drug therapy following organ transplantation.	☐	☐
	People with Silicosis; chronic renal failure; leukemia; or cancer of head, neck, or lung	☐	☐
	People with Diabetes mellitus	☐	☐
	Jejunoileal bypass or Gastrectomy	☐	☐
	Low body weight <90% of ideal body weight	☐	☐
	People who use substances such as injection drug use	☐	☐
	Chronic renal failure or being on hemodialysis	☐	☐
	Solid organ transplant	☐	☐
	Populations defined locally as having increased incidence of TB disease, including medically underserved and low-income populations	☐	☐

Name of Healthcare Provider/Clinic Person was Referred to: _____

This assessment was completed by (print name): _____

Signature: _____ Date of assessment: _____