Iowa Department of Public Health

Tuberculosis Control Program

TB Sign/Symptom Screening Form for Homeless Shelters

Name:_____ DOB:_____

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. Contact your local public health agency (LPHA) for assistance.	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	☐	☐

Name of LPHA the person was referred to:_____

This assessment was completed by (print name):_____

Signature:_____ Date of assessment:_____