



CAREMAX HEALTH SERVICERS PLLC
Annual Tuberculosis Screening Questionnaire

The Annual Tuberculosis Questionnaire is used to evaluate your current TB status. TB symptoms can progress slowly and/or mimic other diseases. You can develop symptoms a few weeks after contracting the bacteria – or not until years after initial infection. This questionnaire targets some of the most common symptoms.

Name: _____ Date: _____

Have you ever had a positive TB skin test or TB blood test? Yes No

Have you been in contact with someone who has the active tuberculosis virus? Yes No

Have you ever experienced any of the following symptoms NOT associated with a specific illness (i.e. flu or cold) and lasting 3 weeks or longer?

- | | | |
|--------------------------------|------------------------------|-----------------------------|
| Cough | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Blood Streaked Sputum (phlegm) | <input type="checkbox"/> Yes | No |
| Loss of Weight (unplanned) | <input type="checkbox"/> Yes | No |
| Night Sweats | <input type="checkbox"/> Yes | No |
| Fever | <input type="checkbox"/> Yes | No |
| Anorexia (loss of appetite) | <input type="checkbox"/> Yes | No |

Print Name

Date

Signature