

SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE
0224 Rendleman Hall, Edwardsville IL 62026-1055

TUBERCULOSIS RISK ASSESSMENT FORM

SIGNS AND SYMPTOMS CHECKLIST

This assessment tool is to be used for:

- A) those persons exhibiting a newly positive PPD skin test.
- B) those persons who have a documented history of a positive PPD skin test.
- C) those persons who have had a Chest X-ray over 1 year old.

NAME _____ ID # _____

SSN _____

Are you experiencing any of the following:

- | | | |
|------------------------------------|---|---|
| 1. persistent, productive cough | Y | N |
| 2. chest pain more than 15 days | Y | N |
| 3. coughing up blood | Y | N |
| 4. excessive tiredness or weakness | Y | N |
| 5. fever and/or chills | Y | N |
| 6. night sweats | Y | N |
| 7. weight loss (without dieting) | Y | N |
| 8. shortness of breath | Y | N |

SIGNATURE _____

REVIEWED BY _____

DATE _____

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