

TB Signs and Symptoms Evaluation
Employee Name:
Employee ID: Date of Birth:
Employer/Department Name:
Daytime Telephone Number:
Reason For Test: Post offer/new hire Annual Post exposure
Have you ever had a positive TB Test? No Yes
Are you experiencing any of the following symptoms, please check the appropriate response:
☐ No ☐ Yes Unexplained coughing up blood or sputum or prolonged or productive cough (three weeks or longer)
☐ No ☐ Yes Unexplained weakness/fatigue
☐ No ☐ Yes Unexplained hoarseness
☐ No ☐ Yes Unexplained night sweats
☐ No ☐ Yes Unexplained weight loss
☐ No ☐ Yes Unexplained fever or chills
☐ No ☐ Yes Unexplained loss of appetite
☐ No ☐ Yes Unexplained pain in chest
Please answer the following:
No Yes Have you had temporary or permanent residence (for ≥ month) in a country with a high TB rate (i.e., any country other than Australia, Canada, New Zealand, the United States, and those in western or northern Europe)?
\Box No \Box Yes Do you have current or planned immunosuppression, including human immunodeficiency virus infection, receipt of an organ transplant, treatment with a TNF-alpha antagonist (e.g., infliximab, Etanercept, or other), chronic steroids (equivalent of prednisone ≥ 15mg/day for ≥ month), or other immunosuppressive medications? (Abbreviation: TNF – tumor necrosis factor)
☐ No ☐ Yes Have you had close contact with someone who has had infectious TB disease?
If at any time you experience symptoms of potential TB listed above, then please immediately notify St Luke's Workplace Health for direction. Our phone numbers are SLH 314-205-6677 or SLDPH 314-966-9127.
Patient attests to the information above is true and understands if symptoms present to follow up as directed above:
Patient Signature Date Time
Workplace Health Person Who Reviewed Form: Comments:
St. Luke's Workplace Employee Signature Date Time

Interoffice to Workplace or FAX: SLH Campus – 314-205-6032 SLDPH Campus – 314-590-5976