

Tuberculosis Symptom Screening

Do you have any of the following symptoms?

- Cough (longer than 3 weeks)
- Coughing up blood
- Fever
- Night Sweats
- Unusual Fatigue
- Weight Loss (without trying)
- Loss of Appetite
- Shortness of Breath
- Chest Pain
- Hoarseness

Applicant Signature: _____

Applicant Name: _____

Date: _____