Garrett County Health Department
TB Symptom Checklist

(Please print)
Employee Name:_____
(Last) (First) (Middle Initial)

Employee Birthdate: ___/___/___

		Yes	No	
1.		☐	☐	Are you presently being treated for tuberculosis?
2.		☐	☐	Productive cough for more than 3 weeks? If yes, how long?
3.	a.	☐	☐	Blood in sputum
	b.	☐	☐	Unexplained fever (> 101° F for more than one week)
	c.	☐	☐	Night sweats
	d.	☐	☐	Unexplained weight loss

Anyone under treatment for tuberculosis must present a statement from their physician that they are free of communicable tuberculosis. Anyone with a productive cough lasting more than three weeks, with the presence of one or more other symptoms (3a-d), shall be evaluated by their physician and present a statement from their physician that they are free of communicable tuberculosis.

_____ ___/___/___
Employee Signature Date

Base School_____

Office use only
Reviewed by:_____
Date:_____