

*Catholic Charities*  
**STRAIGHT & NARROW, INC**

**SYMPTOM ASSESSMENT FORM FOR PULMONARY TUBERCULOSIS**

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**Employee Name (last, first, middle)**

**Department**

**Date of Birth**

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**Address:** \_\_\_\_\_

**Apt. no.**

**Street**

**City**

**Zip**

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**Date of Symptom Assessment (mm/dd/yyyy):** \_\_\_\_\_

\_\_\_\_\_ **No TB-like Symptoms are Reported or Observed**

**Or**

\_\_\_\_\_ **The following TB-like Symptoms were Reported or Observed:**

- Productive Cough of Undiagnosed Cause (more than 3 weeks in duration)
- Coughing up Blood (Hemoptysis)

*Above are the primary symptoms of TB. If either of the above symptoms is reported, a chest radiograph (x-ray) is warranted regardless of the results of a Mantoux tuberculin skin test.*

- Unexplained weight loss (10 pounds or greater without dieting)
- Night sweats (regardless of room temperature)
- Unexplained loss of appetite
- Very easily tired (fatigue)
- Fever
- Chills
- Chest pain

*Above are the secondary symptoms and if present, without prolonged productive cough or hemoptysis, warrant a Mantoux tuberculin skin test with further evaluation if a significant reaction (10mm or greater) is measured or the patient's medical history indicates a significant risk for active disease (previous exposure to infectious TB, etc.)*

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**Next Recommended Symptom Assessment Due (mm/dd/yyyy):** \_\_\_\_\_

**Name of Physician Completing Assessment (Print)**

**Signature**

**Date**

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