TEMPLATE: Customize as needed

05/2022

# Baseline TB Screening Tool for Residents in Residential Hospice

Date form completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last name, first name, middle initial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  <5 years of age

**Baseline TB screening for residential hospice consists of one component:**

1. Assessing for current symptoms of active TB disease

## Symptoms of active TB disease

(check all that are present)

[ ]  Coughing (> 3 weeks)

[ ]  Chest pain

[ ]  Fatigue

☐ Night sweats

☐ Coughing up blood

[ ]  Weight loss/poor appetite

[ ]  Fever/chills

*Note:* If TB symptoms are present, promptly refer patient for a chest X-ray and medical evaluation. Do not wait for TB test results.

## Relevant medical information

**Had the vaccine series for COVID-19?** [ ] Yes [ ] No [ ] Unknown Comments: \_\_\_\_\_\_\_\_\_\_\_\_

Adapted from materials produced by the Global TB Institute and the Francis J. Curry National TB Center.