

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

For people with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY call 711).