

Tuberculosis Control Program

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www.kingcounty.gov/health

Annual Review and Education on symptoms of active TB

Date: _____

Name: _____

Date of Birth: _____

Patient ID Number: _____

Please answer the following questions. (Those are typical symptoms of active TB)	Yes	No
Have you had a new cough for the last 3 weeks?		
If you have a chronic cough, has it become worse in the last 3 weeks?		
Have you coughed up blood in the last 3 weeks?		
Have you lost weight unintentionally in the last 2 months?		
Have you had fevers in the last 3 weeks?		
Have you been unusually tired for the last 3 weeks?		

This is an opportunity to be reminded of TB symptoms.

Signature: _____