

PO Box 1117 1602 W. Ferguson Rd Mt. Pleasant TX 75455 (903)575-2092 fax (903)575-2077

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TB Questionnaire

Adults who have active TB disease usually have many of the following symptoms: cough for more that two weeks furation, loss of appetite, weight loss of ten or more pounds over a short period of time, fever, chills and night sweats. A person can have TB germs in his or her body but not have active TB disease (this is called latent TB infection or LTBI). Tuberculosis is preventable and treatable. TB skin testing (often called the PPD or Mantoux test) is used to see if your child has been infected with TB germs. No vaccine is recommended for use in the United States to prevent uberculosis. The skin test is not a vaccination against TB. We need your help to find out if your child has been exposed to tuberculosis. We need your help to find out if your child has been exposed to tuberculosis. We need your help to find out if your child has been exposed to tuberculosis. We need your help to find out if your child has been exposed to tuberculosis. We need your help to find out if your child has been exposed to tuberculosis. We need your help to find out if your child has been exposed to tuberculosis. We need your help to find out if your child has been exposed to tuberculosis. We need your help to find out if your child has been exposed to tuberculosis. We need your help to find out if your child has been exposed to tuberculosis. We need your help to find out if your child has been exposed to tuberculosis. TB can cause fever of long duration, unexplained weight loss, a bad cough (lasting over two weeks), or coughing up blood. As far as you know: Bas your child been around anyone with any of these symptoms or problems? or has your child been anyone with any of these symptoms or problems? or has your child traveled in the past year to Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia? If so, specify which country/countries? To your knowledge, has your child spent time (longer than 3 weeks) with anyone who is/has been an intravenous (IV) drug user, HIV-infected, in	1b Que	estioiliane				
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No___



If positive, referral to healthcare provider Yes___

If yes, name of provider _____