



Tuberculosis (TB) Screening

Active TB Screening:

I do not have any of the below signs or symptoms of active pulmonary tuberculosis disease (that are not attributed to other medical diagnoses):

- Cough (especially if lasting for 3 weeks or longer with or without sputum production)
- Coughing up blood (hemoptysis)
- Chest pain
- Loss of appetite
- Unexplained weight loss
- Night sweats
- Fever

OR

I have one or more of the above signs or symptoms of active pulmonary tuberculosis disease (that are not attributed to other medical diagnoses) & I agree to obtain a medical evaluation to exclude active TB. ***Please upload your medical evaluation results under miscellaneous documents or provide to your assigned worker.***

Latent TB Screening:

None of the below conditions for latent tuberculosis screening apply to me:

- Born, live, or travel in a country with an elevated TB rate for at least one month
 - Includes countries where TB disease is common (most countries in Latin America, the Caribbean, Africa, Asia, Eastern Europe, and Russia.)
- Immunosuppression, current or planned
- Close contact to someone with infectious TB disease during a lifetime
- Have latent TB

OR

If one or more of the above conditions apply to me, I agree to obtain a TB test (PPD or blood test) to exclude latent TB. ***Please upload your test results under miscellaneous documents or provide to your assigned worker.***

I know I have latent TB and agree to provide documentation from a medical provider excluding active TB. ***Please upload your documentation under miscellaneous documents or provide to your assigned worker.***

Signature

APPLICANT NAME	DATE OF BIRTH
SIGNATURE	DATE