



Bureau of Corrections

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TB SCREENING CHECKLIST

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Complete Name and Signature of Health Staff:

TB SCREENING CHECKLIST

Jail/Prison: _____ Date: _____
Name: _____ Sex: _____ Age: _____
Complete Address: _____
Name of Contact Person: _____ Relationship: _____
Address of Contact Person: _____ Phone/Email: _____

- | | No | Yes | |
|--|--|---|--|
| A. Unexplained cough, any duration | <input type="checkbox"/> | <input type="checkbox"/> | |
| B. Blood streaked sputum | <input type="checkbox"/> | <input type="checkbox"/> | |
| Weight loss or BMI < 18.5 | <input type="checkbox"/> | <input type="checkbox"/> | |
| Persistent fever | <input type="checkbox"/> | <input type="checkbox"/> | |
| C. BMI < 18.5 | <input type="checkbox"/> | <input type="checkbox"/> | Weight: _____ Height: _____ BMI: _____ |
| Known medical conditions | <input type="checkbox"/> | <input type="checkbox"/> | |
| <small>(Clinical high-risk groups: HIV/AIDS, Diabetes, End-stage renal disease, Cancer, Connective tissue diseases, Autoimmune diseases, Scoliosis, Gastrectomy, Solid organ transplantation, Prolonged systemic steroids)</small> | | | |
| D. Chest x-ray suggestive of TB: | <input type="checkbox"/> | <input type="checkbox"/> | |
| E. History of previous TB treatment | <input type="checkbox"/> | <input type="checkbox"/> | If outcome known, specify: _____ |
| F. Exposure to TB case | <input type="checkbox"/> | <input type="checkbox"/> | If known, specify: <input type="checkbox"/> TB <input type="checkbox"/> MDR-TB |
| Remarks: | <input type="checkbox"/> Presumptive TB | <input type="checkbox"/> Ongoing TB treatment | |
| | <input type="checkbox"/> Presumptive DR-TB | (Ask for NTP Referral Form) | |
| | <input type="checkbox"/> No TB | | |

Presumptive TB if:

Unexplained cough of any duration (A) with/without other signs/symptoms (B) or risk factors (C). X-ray suggestive of TB (D)

If with any signs/symptoms (B) or risk factors (C), refer to physician.

In absence of physician, you may consider as presumptive TB.

Presumptive DR-TB if:

Presumptive TB with previous treatment (E)

Presumptive TB with exposure to known active DR-TB case (F)