



## Alabama Medicaid Agency HCBS Waiver TB Screening Checklist

Persons with active TB may have one or more of the following symptoms:

Symptoms	Yes	No	Comments
History of positive TB skin test			
Have you ever had TB disease?			
Chronic cough > 2 weeks			
Coughed up blood			
Unplanned weight loss			
Night Sweats			
Shortness of breathe			
Fatigue			
Loss of appetite			
Chest pain			
Hoarseness			
Do you smoke?			<b>If yes, how many packs/day?</b>
Fever > 2 weeks duration			
Productive cough			<b>If yes,</b> <b>Color</b> _____ <b>Consistency</b> _____ <b>Blood in sputum?</b> <div style="display: flex; justify-content: center; gap: 20px;"> <span>Yes</span> <span>No</span> </div> <div style="display: flex; justify-content: center; gap: 20px;"> <input type="checkbox"/> <input type="checkbox"/> </div>
Do you take medicine regularly?			<b>If yes, list medications:</b>

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_