



Preferred Therapy Services
2350 Airport Freeway Suite 150
Bedford, TX 76022
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(817) 991-5457
Fax: 1-877-267-4771

Annual Tuberculosis Checklist

If positive skin test, provide documentation of chest X-ray within the last year, and annual documentation of a TB disease free status. **All skin testing must have been completed within the previous 12 months.**

Please answer the following questionnaire:

Symptoms		
Unexplained loss weight	YES	NO
Loss of appetite	YES	NO
Night sweats	YES	NO
Low grade fever	YES	NO
Fatigue	YES	NO
Coughing for ≥ 3 weeks	YES	NO
Hemoptysis (coughing up blood)	YES	NO
Recurrent kidney or bladder infections	YES	NO

Print Name: _____

Signature: _____

Date: _____
