

## Tuberculosis (TB) Symptoms Self-Monitoring Checklist

Self-monitoring for symptoms of tuberculosis(TB) should be done if you think you may have come into close personal contact with a person/persons who have tuberculosis.

If you have any of the following signs and symptoms, please check the appropriate box with an X and return to the St. Clair College Health Centre in Room 164 to make an appointment to see the Nurse Practitioner for further assessment.

			How long have you had this?
Unusual fatigue.....	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____
Fever.....	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____
Night sweats.....	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____
Weight loss.....	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____
Coughing.....	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____
Blood in sputum....	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____
Hoarse Voice.....	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____
Chest pain.....	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____

\_\_\_\_\_  
**Name - Please Print**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**