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Jun 2 2004 12:41 P.07

New Jersey Department of Health and Senior Services
Symptom Assessment Form for Pulmonary Tuberculosis (TB)
Religious Exemption - School Tuberculin Skin Testing
Mandate

Name (Last, First, MI): _____ Birthdate (mm/dd/yyyy): _____

Street Address: _____ Phone: (____) _____

City: _____ State: _____ Zip: _____

Date of Symptom Assessment (mm/dd/yyyy): _____

Check all TB-like symptoms that apply:

- Productive Cough of Undiagnosed Cause (more than 3 weeks in duration)
- Coughing Up Blood (Hemoptysis)
- Unexplained Weight Loss (10 pounds or greater without dieting)
- Night Sweats (regardless of room temperature)
- Unexplained Loss of Appetite
- Very Easily Tired (Fatigability)
- Fever
- Chills
- Chest Pain

If any symptoms are reported a chest radiograph is an essential criterion for school admission.

No TB-Like Symptoms Reported or Observed

Person Completing Assessment (Print): _____

Signature of Person Completing Assessment: _____