



Alabama Medicaid Agency
TB Baseline Screening Assessment
 Attachment A to WAV-37

Symptoms	Yes	No	Comments
History of positive TB Skin Test			
Have you ever had TB disease?			
Coughed up blood			
Unplanned weight loss			
Night Sweats			
Shortness of breath			
Fatigue			
Loss of appetite			
Chest pain			
Hoarseness			
Close contact with someone who has had infectious TB disease since the last TB test.			
Temporary or permanent residence of one month or less in a country with a high TB rate. (Any country other than the U.S., Canada, Australia, New Zealand, and those in Northern Europe or Western Europe.			
Current or planned immunosuppression. Including HIV, organ transplant, treatment with a TNF-alpha antagonist, chronic steroids (equivalent of prednisone less than 15mg/day for 1 month or less) or other immunosuppressive medication			
Fever > 2 weeks duration			
Productive cough			If yes, Color _____ Consistency _____ Blood in sputum? Yes No <input type="checkbox"/> <input type="checkbox"/>

Date

Clinician Signature & Title

Date

Signature of Applicant