



Tuberculosis (TB) Screening Skrinin Tuberculosis (TB)

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Active TB Screening:

Foforun Skrinin TB:

- I do not have any of the below signs or symptoms of active pulmonary tuberculosis disease (that are not attributed to other medical diagnoses):
- Ngang use kan angei ekkena me fan sainin kena ika asinin semwen kena ren foforun semwenin tuberculosis non ean (ina ra kan fofor ngeni pwan ekkoch chekin semwen kena):
- Cough (especially if lasting for 3 weeks or longer with or without sputum production)
Naw (akaewin ika a tameno ren 3 wik ika tameno fiti ika ese fiti foritan chonungaw)
 - Coughing up blood (hemoptysis)
Nawetan chaa (hemoptysis)
 - Chest pain
Metekin fan mwerum
 - Loss of appetite
Nusunon an mochen mongo
 - Unexplained weight loss
Nusunon choun nge ese wor wewen
 - Night sweats
Chonun pwichikaren kena nepwin
 - Fever
Pwichikar

**OR
IKA**

- I have one or more of the above signs or symptoms of active pulmonary tuberculosis disease (that are not attributed to other medical diagnoses) & I agree to obtain a medical evaluation to exclude active TB. **Please upload your medical evaluation results under miscellaneous documents or provide to your assigned worker.**
- Ngang uwa angei ew ika chomong ren ekkewe sain kena ika asinin semwen kena me asan ren foforun semwenin tuberculosis non ean (ina rese kan fofor ngeni pwan ekkoch chekin semwen kena) & ngang uwa tipeew ngeni angaiin ew awukukun semwen ren ar repwe eimuwow foforun TB. **Kose mochen upload eomuwe pungun awukukun semwen me fan sakopaten taropwe kena ika kawor ngeni noumuwe chon angang a asain ngonuk.**

Latent TB Screening:

Skrinin TB esan mo pwano:

- None of the below conditions for latent tuberculosis screening apply to me:
- Ese wor ekkewe sakkun me fan ren skrinin tuberculosis resan mo pwano ra aeoeo ngeniei:
- Born, live, or travel in a country with an elevated TB rate for at least one month



Uputiw, nonom, ika saifetan non ew fonu fiti ew tekiatan wukukun TB ren esapw kis seni ew maram

- Includes countries where TB disease is common (most countries in Latin America, the Caribbean, Africa, Asia, Eastern Europe, and Russia.)
Mi pachenong fonu kena ikewe semwenin TB a kan iteiten (chomon fonu kena non Latin America, ekkewe Caribbean, Africa, Asia, Eastern Europe, me pwan Russia.)

- Immunosuppression, current or planned
Akisinon menun fiu ngeni semwen, iei ika amoneno
- Close contact to someone with infectious TB disease during a lifetime
Arapakan ngeni emon fiti monungawen semwenin TB nupwen unusen menauwen
- Have latent TB
Angei TB esan mo pwano

**OR
IKA**

If one or more of the above conditions apply to me, I agree to obtain a TB test (PPD or blood test) to exclude latent TB. **Please upload your test results under miscellaneous documents or provide to your assigned worker.**

Ika pwe ew ika napeon ekkewe sakkun kena me asan ra aeoeo ngeniei, ngang uwa tipeew ngeni ai upwe angei ew tesin TB (PPD ika tesin chaa)ren an epwe eimunawow TB resan mo pwano. **Kose mochen upload eomuwe pungun tes me fan sakopaten taropwe kena ika kawor ngeni noumuwe chon angang a asain ngonuk.**

I know I have latent TB and agree to provide documentation from a medical provider excluding active TB. **Please upload your documentation under miscellaneous documents or provide to your assigned worker.**

Ngang uwa sinei pwe uwa angei TB esan mo pwano me pwan tipeew ngeni ai upwe awora taropwen seni emon chon awora safei mi eimuwow fororun TB. **Kose mochen upload taropwenon me fan sakopaten taropwe kena ika kawor ngeni noumuwe chon angang a asain ngonuk.**

**Signature
Sainin**

APPLICANT NAME ITEN CHON AEOEO	DATE OF BIRTH RANIN UPUTIWEN
SIGNATURE SAININ	DATE RANIN