Cough Alert Weekly Log

Instructions for Shelter Staff:

Please give this log to your ATD/TB Liaison if you have a client that has a constant cough. The Liaison is responsible for (1) assessing the client for signs of active TB and (2) determining if the client needs a referral for a medical evaluation.

Name of Shelter: _____

Date Liaison received copy of log: _____

Client Name *last, first*	**Date of Birth**	**Bed Location**	**Date client observed coughing**	**Name of staff member who observed coughing**	**Medical facility client was referred to**