

TB Questionnaire

EMPLOYEE NAME: _____

COMPANY NAME: _____ DATE: _____

STEP I

If you have had a positive PPD in the past, go to step II. If you receive PPD's on an annual basis, complete **Step I ONLY**.

DATE OF LAST PPD: _____ RESULTS OF LAST PPD IN MM: _____

STEP II

Since you have had a positive/sensitive PPD and are no longer required to have an annual chest x-ray, the following is to be completed annually and maintained in the personnel file. However, you must have the results of at least one XRAY on File.

DATE OF LAST XRAY: _____

Please read and put a checkmark in the correct Yes/No space if you are experiencing any of the following symptoms or if any of the following apply to you:

YES NO

- 1. Unplanned loss of weight(>10% of body weight)..... ___ ___
- 2. Night sweats..... ___ ___
- 3. Fever lasting several weeks ___ ___
- 4. Frequent coughing in the absence of a cold or flu..... ___ ___
- 5. Coughing blood-streaked sputum..... ___ ___
- 6. Unusual tiredness or weakness lasting weeks ___ ___
- 7. Pain in chest when taking a breath..... ___ ___
- 8. Have you been recently diagnosed with diabetes, silicosis, HIV disease, renal disease or liver disease?..... ___ ___
- 9. Have you been recently been exposed to a family member or others with active TB?..... ___ ___

If you checked YES to any of the above question, are you currently treating with a physician?: (Circle one) YES NO Please explain: _____

IF YOU DEVELOP ANY OF THE SYMPTOMS LISTED ABOVE, PLEASE CONTACT YOUR PHYSICIAN AND AGENCY **IMMEDIATELY**. A CHEST X-RAY **MUST** BE PERFORMED PRIOR TO WORKING AGAIN.

SIGNATURE

DATE: