



TB Questionnaire

EMPLOYEE NAME: _____ DATE: _____

Option #1

If you have had a positive PPD in the past, go to option #II. If you receive PPD's on an annual basis, please provide us with a copy and complete the following:

DATE OF LAST PPD: _____ RESULTS: _____

Option #2

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 X-Ray on file.

DATE OF LAST X-RAY: _____

If you are experiencing any of the following symptoms or if any of the following apply to you: Please read and initial the correct answer Yes/No.

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Unexpected weight loss _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Night sweats _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Undiagnosed fever lasting several weeks _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Frequent coughing in the absence of a cold or flu _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Coughing blood-streaked sputum _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Unusual fatigue or weakness lasting weeks _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Chest Pain when breathing _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you been diagnosed with diabetes, silicosis, HIV disease, renal disease or liver disease? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you been recently been exposed to a family member or others with active TB? _____ | <input type="checkbox"/> | <input type="checkbox"/> |

If you have checked YES to any of the above questions, are you currently under a physician's care? YES or NO ? Please explain:

IF YOU DEVELOP ANY OF THESE SYMPTOMS, PLEASE CONTACT US AND YOUR PHYSICAN IMMEDIATELY. A CHEST X-RAY MUST BE PERFORMED PRIOR TO WORKING AGAIN.

SIGNATURE

DATE