



Annual TB Questionnaire

All positive PPD reactors are required to complete the TB Questionnaire regarding the signs and symptoms of tuberculosis, on an annual basis. Please read and place 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.

Signs & Symptoms	YES	NO
Unplanned weight loss (>10% body weight)		
Night sweats		
Fever lasting several weeks		
Frequent coughing in absence of cold or flu		
Coughing blood streaked sputum		
Unusual tiredness or weakness lasting weeks		
Pain in chest when taking a breath		
Have you recently been diagnosed with diabetes, silicosis, HIV disease, renal disease or liver disease?		
Have you recently been exposed to a family member or other with active		
Were you ever vaccinated against Tuberculosis?		
Were you vaccinated for Tuberculosis in the past year?		
Have you ever had a positive TB skin test?		
Have you ever been diagnosed or treated for Tuberculosis?		
*If Yes, which medication did you receive?		
What was the Date of your last Chest X-ray?		

I understand that if I develop any of the symptoms listed above that I will be required to contact my physician; I understand that a chest x-ray may be required prior to working again.

Signature: _____

Date: _____

Name: _____