Annual TB Symptoms Questionnaire

(For documented PPD- Positive Individuals)

Name/Title: _____

(To be completed by the tested individual)

Have you experienced any of the following symptoms recently? (Within the last 6 months)
(Please check your answers below)

	YES	NO	
1.			Productive cough of more than two (2) weeks in duration.
2.			Bringing up sputum every day for one (1) week or more.
3.			Blood present in sputum.
4.			Chronic feeling of fatigue for more than two (2) weeks in duration.
5.			Low-grade fever of duration of more than one (1) week.
6.			Night sweats
7.			Unexplained weight loss of eight (8) pounds or more.
			Anorexia (loss of appetite).

I hereby acknowledge that my tuberculin skin test has been positive. Further, I take full responsibility for immediately reporting any of the early signs and symptoms of tuberculosis listed above, should they appear in the future to the Director of Patient Care Services. I have also received information about the causes, treatment, and prevention of tuberculosis

_____ _____ _____

Signature Printed Name Date

Comments:

_____

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