

Tuberculosis (TB) Surveillance

Annual TB Screen for Positive Reactions

Name: _____

Job Classification: _____

Since records indicate that you have previously tested positive on PPD skin testing, the following questions must be answered each year as part of our annual TB surveillance program.

Please complete this form and return to: _____

During the past year, have you experienced or are you now experiencing any of the following signs/symptoms?

	<u>Yes</u>	<u>No</u>
Weight Loss (unrelated to dieting)	_____	_____
Persistent cough (2-3 weeks in duration)	_____	_____
Fever/night sweats	_____	_____
Weakness or fatigue	_____	_____
Coughing up blood	_____	_____

Signature: _____ Date: _____