

Annual TB Questionnaire

The Annual Tuberculosis Questionnaire is used to evaluate your current TB status. We cannot utilize the tuberculin skin test (PPD or Mantoux), because you have a positive reaction to the test. A positive skin test means that sometime during your life you came into contact with tuberculosis or have had a vaccination to prevent you from contracting tuberculosis. It does not mean that you have TB now.

In the past yearly chest x-rays were performed; however, recent studies show that they are unnecessary. Instead, this health survey will assist Employee Health to monitor possible TB Symptoms. Chest x-rays are required every two years.

TB symptoms can progress slowly and/or mimic other diseases. You can develop symptoms of TB a few weeks after contracting the bacteria – or not until years after the initial infection. This questionnaire targets some of the most common symptoms. Please familiarize yourself with them. You are the first to know when you are not feeling well and may have TB symptoms.

Tuberculosis Health Check Survey

Have you ever experienced any of the following symptoms **NOT** associated with a specific illness (i.e. flu or cold) and lasting 3 weeks or longer?

- | | |
|--------------------------------|--|
| Cough | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Blood Streaked Sputum (phlegm) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Loss of Weight (unplanned) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Night Sweats | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Fever | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Anorexia (loss of appetite) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

This authorization will expire one year from the dated signature below.

Print Name

Signature

Date