Worldwide Travel Staffing

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TB Questionnaire

Employee Name: _____ Date: _____

Agency Name: _____

If you have had a positive PPD in the past, go to Step II. If you receive PPD's on an annual basis, complete Step I only.

Step I

Date of Last PPD: _____ Results of Last PPD in MM: _____

Step II

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: _____

Please read and put 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:

	Yes	No
Unplanned loss of weight (>10% of body weight)	○	●
Night Sweats	○	●
Fever lasting several weeks	○	●
Frequent coughing in the absence of a cold or flu	○	●
Coughing blood-streaked sputum	○	●
Unusual tiredness or weakness lasting weeks	○	●
Pain in chest when taking a breath	○	●
Have you been recently diagnosed with diabetes, silicosis, HIV disease, renal disease or liver disease?	○	●
Have you been recently exposed to a family member or others with active TB?	○	●

If you answered Yes to any of the questions above, are you currently being treated by a Physician?

Yes or No (circle one) Please Explain: _____

_____

_____

If you develop any of the symptoms listed above, please contact your Physician and Agency immediately. A chest x-ray must be performed prior to working again.

Signature: _____ Date: _____