



**TB SURVEILLANCE SYMPTOMS REVIEW
FOR +PPD EMPLOYEES**

Name: _____ Date: _____

SSN: _____

1. Have you ever been treated for a + PPD with INH? If yes, when?

2. Have you had any known exposure to TB?

3. Have you experienced any of the following during the past year?

A) Night sweats	YES	NO
B) Persistent coughing	YES	NO
C) Coughing up blood	YES	NO
D) Excessive weight loss	YES	NO
E) Excessive fatigue or tiredness	YES	NO
F) Fever of unknown origin	YES	NO

Employee's Signature _____