



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

Name: _____ Date: _____

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: _____