



**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: \_\_\_\_\_