Registry Network
Incorporated

TB SURVEILLANCE SYMPTOMS REVIEW
FOR +PPD EMPLOYEES

Name: _____ Date: _____

1. Have you ever been treated for a + PPD skin test 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? Please check yes or no for each of the following.

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 ____

Signature: _____