Texas Tech University Health Sciences Center Amarillo
Employee Health

Annual Tuberculosis Health Questionnaire

If you have previously tested positive for tuberculosis (skin test or chest x-ray) or if you are a new employee or student, you are requested to review and answer the following questions.

In the past, it was practice to do a yearly chest x-ray and was thought to be sufficient follow-up. However, some persons may develop an active tuberculosis infection with a normal chest x-ray.

Consequently, this brief questionnaire is very important. You will be requested to answer all of the questions on this page at least once each year to satisfy your yearly TB evaluation. If you have experienced any of the following symptoms in the past year, check yes.

		YES	NO
1.	**Productive cough (3 weeks +)**	[ ]	[ ]
2.	**Persistent weight loss without dieting**	[ ]	[ ]
3.	**Night sweats**	[ ]	[ ]
4.	**Loss of appetite**	[ ]	[ ]
5.	**Swollen glands, usually in the neck**	[ ]	[ ]
6.	**Persistent low grade fever**	[ ]	[ ]
7.	**Coughing up blood**	[ ]	[ ]
8.	**Easy fatigability**	[ ]	[ ]
9.	**Chest pain**	[ ]	[ ]

Note: The above symptoms are suggestive of TB infection, but could also be symptomatic of other health problems and you may want to have them evaluated.

_____
Name **(Please Print)**

_____
Department & Phone Number

_____
Date

Reviewed 8/16/07
QI/RM Dept.

This form must be signed by a physician indicating that you have been examined and show no signs of active TB.

_____ _____
Physician's Signature Physician's Printed Name Date
Address:_____Phone:_____