

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EMPLOYEE/STUDENT Annual Tuberculosis Health Questionnaire

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 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. History of positive TB test	[]	[]
2. Productive cough (3 weeks +)	[]	[]
3. Persistent weight loss without dieting	[]	[]
4. Persistent low grade fever	[]	[]
5. Night sweats	[]	[]
6. Loss of appetite	[]	[]
7. Swollen glands, usually in the neck	[]	[]
8. Coughing up blood	[]	[]
9. Easy fatigability	[]	[]
10. Chest pain	[]	[]
11. Country of Origin	_____	
12. International Travel in last 12 months	_____	
13. Changes in health history	_____	
14. BCG (Bacillus Calmette Guerin) vaccine	_____	

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)	Please return to 1AB099/MS6595 If you have any questions call Employee Health @743-4005 or Institutional Health @743-3019
Signature	
Department/School	Date R#
Reviewed by	Date HSC Email: