



TUBERCULOIS SCREENING SURVEY - POSITIVE PPD

Please print legibly:

Last name First name DOB

Dept. / Unit Phone # Job title

1. Year or positive TB skin test: _____

** If you have had a positive TB skin test, there is no need to have another test

2. In the past year, have you ever had any of the following symptoms for more than three weeks at a time? (Please check all that apply).

- Checkboxes for: Persistent coughing, Excessive fatigue, Coughing up blood, Persistent fever, Excessive sweating at night, Shortness of breath, Excessive weight loss

**Please provide explanation if any of the above boxes have been checked:

Three horizontal lines for explanation

Signature: _____ Date: _____