

# Bird In The Hand Staffing

Yearly TB

Questionnaire

Name \_\_\_\_\_

Are you exhibiting any of the following symptoms of TB now, or within the past 12 months?

Yes      No

Fever?

Night Sweats?

Chronic fatigue?

Coughing up blood?

Involuntary weight loss?

Cough lasting longer than 3 weeks?

If you answered "yes" to any of the above symptoms, please explain how the symptoms began and how long they lasted.

\_\_\_\_\_  
\_\_\_\_\_

Have you ever had an x-ray done to rule out TB? If yes, when the x-ray was done.

\_\_\_\_\_  
\_\_\_\_\_

Have you been treated for TB? If yes, what was the treatment and when?

\_\_\_\_\_  
\_\_\_\_\_

*This symptom review is valid of one year. Please complete and submit yearly.*

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_