Med One Pro
Unique Staffing Solutions
153 E Linn St Bellefonte Pa 16823
1-814-264-4222

Tuberculosis Screening Questionnaire

Name _____ Date _____

We care about your health as well as those you will come in contact with. The following questions will assist us to do that. Thank you

Positive TB skin test (PPD) Date: _____

Last Chest X-Ray Date: _____

Please indicate if you are having any of the following problems for three to four weeks or longer:

1. Chronic Cough (greater than 3 weeks) Yes _____ No _____

2. Production of Sputum Yes _____ No _____

3. Blood-Streaked Sputum Yes _____ No _____

4. Unexplained Weight Loss Yes _____ No _____

5. Fever Yes _____ No _____

6. Fatigue/Tiredness Yes _____ No _____

7. Night Sweats Yes _____ No _____

8. Shortness of Breath Yes _____ No _____

Employee Signature _____ Date _____