



TB Skin Questionnaire

Name: _____

PPD Skin Test

Results of last PPD: positive negative

Date of last PPD: _____

Date of last x-ray: _____

PPD Questionnaire

- | | | |
|--|-----|----|
| 1. Unplanned loss of weight (-10% of body weight) | YES | NO |
| 2. Night sweats | YES | NO |
| 3. Fever lasting several weeks | YES | NO |
| 4. Frequent coughing in the absence of a cold | YES | NO |
| 5. Coughing blood-streaked sputum | YES | NO |
| 6. Unusual tiredness or weakness lasting weeks | YES | NO |
| 7. Pain in chest when taking breath | YES | NO |
| 8. Have you been recently diagnosed with diabetes, silicosis, HIV, renal or liver disease? | YES | NO |
| 9. Have you been recently exposed to a family member or others with active TB? | YES | NO |

**If you develop any of the symptoms listed above, please contact your physician.
A chest x-ray must be performed prior to working again

Signature: _____ Date: _____

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