Nurses 24/7
TWENTY-FOUR•SEVEN

TB Questionnaire

(Employees/Applicants) Full Name:_____
(Please print clearly)

All of our employees who have a positive skin tuberculin reading or a BCG followed by a negative chest x-ray is required to complete an annual TB Questionnaire.

1. Chronic Cough in absence of Flu or Cold	Yes	No	6. Hoarseness	Yes	No
2. Fever	Yes	No	7. Wheezing	Yes	No
3. Night Sweats	Yes	No	8. Shortness of Breath	Yes	No
4. Unexplained Weight Loss	Yes	No	9. Chest Pain *(when taking in a breath)*	Yes	No
5. Hemoptysis	Yes	No	10. Unusual tiredness or fatigue	Yes	No

If you answered yes to any of the questions above please explain

_____
_____
_____
_____
_____

Nurses 24/7 requires a chest x-ray be completed and on file within 30 days of any newly reported positive skin tuberculin result, and every 5 years thereafter.

I have answered the questions above truthfully and by signing below, I certify that the above information is valid.

_____ _____
Signature of Employee Date