



Elite Medical Group Staffing

EXCEEDING EXPECTATIONS DAILY

Positive PPD Questionnaire (Tuberculosis/PPD Medical Surveillance)

Name: _____ SSN: _____

In order to meet health facilities compliance regulations, it is required that all employees participate in tuberculosis medical surveillance. Depending on exposure determination, you may be required to complete documentation at various intervals. This questionnaire is for those with a positive history.

If you have a positive history of PPD, please complete this form along with chest X-ray. If you have a negative history it is not necessary to fill out this questionnaire.

Since completion of your last questionnaire have you:

- | | | |
|---|---------------------------|--------------------------|
| 1. Had a chronic (recurring) cough? | <input type="radio"/> Yes | <input type="radio"/> No |
| 2. Had unexplained recurrent fevers? | <input type="radio"/> Yes | <input type="radio"/> No |
| 3. Had recurrent night sweats? | <input type="radio"/> Yes | <input type="radio"/> No |
| 4. Coughed or spit up blood? | <input type="radio"/> Yes | <input type="radio"/> No |
| 5. Had any unexplained weight loss? | <input type="radio"/> Yes | <input type="radio"/> No |
| 6. Had unexplained chronic fatigue? | <input type="radio"/> Yes | <input type="radio"/> No |
| 7. Been advised that you are immunosuppressed for any reason? | <input type="radio"/> Yes | <input type="radio"/> No |

Employee Signature: _____ Date _____