



TB SKIN TEST/QUESTIONNAIRE

Name: John Doe Date: 02/12/2008

Company Name: ABC Company

STEP I-ANNUAL PPD SKIN TEST

If you have had a positive PPD in the past, go to step II. If you receive PPD's on an annual basis, **complete step 1 only** .

Date of Last PPD: Results of Last PPD In MM:

STEP II - PPD QUESTIONNAIRE

Since you have had a positive/sensitive PPD and are no longer required to have an annual chest x-ray, the following is to be completed annually and maintained in the personnel file. However, you must have the results of at least one (1) XRAY on file.

DATE OF LAST XRAY:

Please read and put a checkmark in the correct **YES/NO** space if you are experiencing any of the following symptoms or if any of the following apply to you:

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

If you checked YES to any of the above questions, are you currently treating with a physician? YES
 NO

Please explain:

*****IF YOU DEVELOP ANY OF THE SYMPTOMS LISTED ABOVE, PLEASE CONTACT YOUR PHYSICIAN AS WELL AS YOUR RECRUITER/AGENCY. A CHECK X-RAY MUST BE PERFORMED PRIOR TO WORKING AGAIN.*****

Signature: John Doe  Date: 02/12/2008

Electronic Signature Audit Trail

- Clicked Sign Button 606 at position 50,50 on 02/12/08 at 03:22:13 PM EST by Jean Pierre Mourre at 24.172.7.86
- Document ACCEPTED on 02/12/08 at 03:22:16 PM EST by Jean Pierre Mourre at