



HUMAN RESOURCES
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TB Questionnaire Initial, Annual, Exposure

Complete all portions of this form and return to us by mail or fax.

Last Name	First	Employee ID	Date
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This form is completed by employees whom have had positive PPD's in the past and are no longer required to have annual TB testing. Please answer the questions below, indicating either yes or no if you experience any of the following symptoms.

	Yes	No
Unplanned weight loss	_____	_____
Night sweats	_____	_____
Fever lasting several weeks	_____	_____
Frequent cough in the absence of cold or flu	_____	_____
Coughing blood streaked sputum	_____	_____
Unusual tiredness or weakness lasting several weeks	_____	_____
Pain in the chest when taking a breath	_____	_____
Have you been recently exposed to someone with active TB	_____	_____
Recent travel outside the US?	_____	_____

If you checked yes to any questions above, are you being treated by a physician

Yes:_____ No:_____ If no, please explain

If you develop any symptoms listed above please contact your physician and Annexa Professional Staffing immediately.

I certify that the information set forth in this document is true and complete to the best of my knowledge and that I am the individual completing this form.

Signature	Date
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