



SCHEDULE II TO SUPPLEMENTAL STAFFING UTILIZATION POLICIES AND PROCEDURES

TB Questionnaire

EMPLOYEE NAME: _____

COMPANY NAME: _____ DATE: _____

STEP I

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 I ONLY**.

DATE OF LAST PPD: _____ RESULTS OF LAST PPD IN MM: _____

STEP II

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 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).....	___	___
2. Night sweats.....	___	___
3. Fever lasting several weeks	___	___
4. Frequent coughing in the absence of a cold or flu.....	___	___
5. Coughing blood-streaked sputum.....	___	___
6. Unusual tiredness or weakness lasting weeks	___	___
7. Pain in chest when taking a breath.....	___	___
8. Have you been recently diagnosed with diabetes, silicosis, HIV disease, renal disease or liver disease?.....	___	___
9. Have you been recently been exposed to a family member or others with active TB?.....	___	___

If you checked YES to any of the above question, are you currently treating with a physician?: ___ YES ___ NO Please explain:

IF YOU DEVELOP ANY OF THE SYMPTOMS LISTED ABOVE, PLEASE CONTACT YOUR PHYSICIAN AND AGENCY **IMMEDIATELY**. A CHEST X-RAY **MUST** BE PERFORMED PRIOR TO WORKING AGAIN.

SIGNATURE

DATE: