THE UNIVERSITY OF
ALABAMA IN HUNTSVILLE

Faculty and Staff Clinic

# Annual Questionnaire for Employees with Positive TB Skin Test

Please complete:

Are you experiencing any of the following?

| | | |
|---|---|---|
| 1. Fatigue, Malaise | Yes_____ | No_____ |
| 2. Unexplained Weight Loss | Yes_____ | No_____ |
| 3. Anorexia (loss of appetite) | Yes_____ | No_____ |
| 4. Fever (usually at night) | Yes_____ | No_____ |
| 5. Night Sweats (drenching proportions) | Yes_____ | No_____ |
| 6. Cough | Yes_____ | No_____ |
| 7. Hemoptysis (spitting up blood) | Yes_____ | No_____ |
| 8. Pain in Chest | Yes_____ | No_____ |

If you answered yes to any of the above, please explain.

_____

_____

_____

Print Name:_____ Employee A#_____

Signature:_____ Date:_____

Reviewed By:_____ Date:_____

Wilson Hall 327 Huntsville, Alabama 35899 t 256.824.2100 f 256.824.4635