



**CHESAPEAKE**  
MEDICAL STAFFING

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## Annual TB Symptoms Survey for PPD Positive/Allergic Reactors

Printed Name: \_\_\_\_\_

What was the date of your positive reaction to PPD:

Have you ever been treated for active TB?      Yes      No

Are you in good health at the present?      Yes      No

Please complete the following survey regarding symptoms of tuberculosis. Check yes or no for each symptom. If “yes” please explain in comments below. Follow-up with a primary care provider is recommended if you have any of the symptoms below.

Have you noted any of the following symptoms?                      No                      Yes

Unexplained weight loss		
Persistent cough with sputum > 3 weeks		
Night sweats		
Fatigue, feeling tired all the time		
Fever—late afternoon or evening		
Coughing up blood/red streaked sputum		

Comments:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date