

**STANFORD UNIVERSITY
LABORATORY ANIMAL OCCUPATIONAL HEALTH PROGRAM**

Tuberculosis Symptom Questionnaire

For use by personnel that have previously had a positive PPD skin test.

Name (Print) _____ Date _____

Date of Birth _____ Social Security # _____

Where do you work? _____

How often do you go into primate rooms? _____

In the past year have you been bothered by any of the following for more than 3 weeks at a time?

	No	Yes		No	Yes
Excessive sweating at night?	<input type="checkbox"/>	<input type="checkbox"/>	Excessive weight loss	<input type="checkbox"/>	<input type="checkbox"/>
Persistent coughing	<input type="checkbox"/>	<input type="checkbox"/>	Excessive fatigue	<input type="checkbox"/>	<input type="checkbox"/>
Coughing up blood	<input type="checkbox"/>	<input type="checkbox"/>	Persistent fever	<input type="checkbox"/>	<input type="checkbox"/>

Have you been told by a health practitioner that your immune system is suppressed or compromised?

No Yes Don't Know

In the past year, have you been in contact with anyone (i.e., family, patients, etc.) who is contagious for TB?

No Yes Don't Know

Please give any details of any "YES" answers:

Signature _____