



Annual TB Questionnaire

Employee Name: _____

The Annual Tuberculosis Questionnaire is used to evaluate your current TB status. In the past, yearly chest x-rays, PPDs or blood test were performed; however, recent studies show that they are unnecessary. Instead, this health survey will assist TEHC Healthcare to monitor possible TB Symptoms. TB symptoms can progress slowly and/or mimic other diseases. You can develop symptoms of TB a few weeks after contracting the bacteria – or not until years after the initial infection. This questionnaire targets some of the most common symptoms. Please familiarize yourself with them. You are the first to know when you are not feeling well and may have TB symptoms.

Please check Yes or No to these base line TB risk assessment questions	Yes	No
Temporary or permanent residence of ≥1 month in a country with a high TB rate <small>(Any country other than the United States, Canada, Australia, New Zealand, and those in Northern Europe or Western Europe)</small>	<input type="checkbox"/>	<input type="checkbox"/>
Current or planned immunosuppression <small>(Including HIV infection, organ transplant recipient, treatment with a TNF-alpha antagonist, chronic steroids use (equivalent of prednisone ≥15 mg/day for ≥1 month) or other immunosuppressive medication)</small>	<input type="checkbox"/>	<input type="checkbox"/>
Close contact with someone who has had infectious TB disease since the last TB test	<input type="checkbox"/>	<input type="checkbox"/>
Please check Yes or No to the following CDC symptoms of TB Disease.	Yes	No
Bad Cough	<input type="checkbox"/>	<input type="checkbox"/>
Pain in the Chest	<input type="checkbox"/>	<input type="checkbox"/>
Blood-Streaked Sputum (phlegm)	<input type="checkbox"/>	<input type="checkbox"/>
Loss of Weight (unplanned)	<input type="checkbox"/>	<input type="checkbox"/>
Night Sweats	<input type="checkbox"/>	<input type="checkbox"/>
Fever or Chills	<input type="checkbox"/>	<input type="checkbox"/>
Anorexia or Loss of Appetite	<input type="checkbox"/>	<input type="checkbox"/>
Weakness or Fatigue	<input type="checkbox"/>	<input type="checkbox"/>

This authorization will expire one year from the dated signature below.

Employee Signature

Date

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