

**Sochi Home Health Agency
Annual Tuberculosis (TB) Screening Tool**

Name: _____ Date of Birth: _____

Have you had any of the following symptoms?	Descriptions	Yes	No
Unexplained productive cough	Cough greater than 3 weeks in duration		
Unexplained fever	Persistent temp elevations great than 1 month		
Night Sweats	Persistent sweating that leaves sheets and bedclothes wet		
Shortness of breath/chest pain	Presently having shortness of breath or chest pain		
Unexplained weight loss/appetite	Loss of appetite with unexplained weight loss		
Unexplained fatigue	Very tired for no reason		
Have you been exposed to anyone with TB?	Personally or professionally within the past 12 months		
Have you traveled outside the United States?	In the past 12 months		

The above health statement is accurate to the best of my knowledge. I will report any change in my health status to the Human Resources Manager or Administrator.

Employee Signature

Date