



### **Annual Tuberculosis Surveillance: for Employees with a History of a Positive PPD**

The Centers for Disease Control and Prevention (CDC) provides guidelines for preventing the transmission of tuberculosis in health care facilities. These guidelines require annual tuberculosis screening of health care workers (HCP). PPD testing is the preferred method. However, some HCP test positive on PPD testing. Annual assessment of these employees will include evaluation for the symptoms of tuberculosis.

Name \_\_\_\_\_

Date \_\_\_\_\_

Do you currently have any of the following symptoms:

- |                              |     |    |
|------------------------------|-----|----|
| 1. Persistent cough          | Yes | No |
| 2. Coughing up bloody sputum | Yes | No |
| 3. Unexplained weight loss   | Yes | No |
| 4. Fevers/chills             | Yes | No |
| 5. Loss of appetite          | Yes | No |
| 6. Night sweats              | Yes | No |
| 7. Shortness of breath       | Yes | No |
| 8. Chest pain                | Yes | No |