
Have you done any international travel in the last year? Yes _____ No _____

If yes, where: _____ when: _____

Do you have any known family members with Tuberculosis? Yes _____ No _____

If yes, who: _____ when: _____

Thinking about the past few months, have you noticed any of the following symptoms (check all that apply)?

- | | YES | NO |
|--|-----|-----|
| 1. Productive Cough (3 weeks or longer) | [] | [] |
| 2. Coughing Up Blood | [] | [] |
| 3. Fever of 100°F or greater for more than 7-10 days | [] | [] |
| 4. Persistent Night Sweats | [] | [] |
| 5. Unexplained Weight Loss | [] | [] |

Although you may currently not be experiencing any of these symptoms, you are asked to notify Employee Health promptly should they ever appear.

(Please Print)

Name

Date

Date of Birth

Volunteer Services
Department

Phone number (daytime)

Nurse Comments: _____

Reviewed by : _____
Employee Health Nurse

Date: _____