



Annual TB Health Questionnaire

This form is part of the tuberculosis surveillance program. Please complete this form annually if you have tested positive for TB.

Answer the following questions and return this form to The Nurse Agency. If you have any questions please call The Nurse Agency office at (773) 779-8200.

If you answer “**YES**” to any of the questions listed below please explain under the “**Comments**” section.

YES	NO	QUESTION	COMMENTS
		Cough or cold that won't go away?	
		Unexplained weight loss?	
		Night Sweats?	
		Fever of Unknown Origin?	
		Shortness of Breath?	
		Productive Cough?	
		Bloody Sputum?	

Signature: _____

Printed Name: _____

Date: _____