

Name:

Duke ID#:

Date:

Department/work area:

ALL INFORMATION IS STRICTLY CONFIDENTIAL

According to our records you are unable to be tested with the PPD skin test (e.g., your tuberculin test is positive, you are allergic, etc). Because of the risks associated with radiation exposure from x-rays we no longer do yearly chest x-rays. Instead please answer the following questions on the same schedule that you are required to have a PPD skin test, so we can evaluate any clinical signs or symptoms.

- Y N 1. Have you had an unexplained weight loss of greater than 10 pounds during the last 2 months?
- Y N 2. Have you had a repeated unexplained fever?
- Y N 3. Have you had repeated night sweats without a reason?
- Y N 4. Have you had a persistent cough for more than 4 weeks?
- Y N 5. Have you been coughing up bloody sputum?
- Y N 6. Since the last TB evaluation (questionnaire) have you developed any of the following risk factors for tuberculosis?
- HIV Infection
 - Silicosis
 - Abnormal chest radiograph showing fibrotic lesions
 - Diabetes mellitus
 - Prolonged corticosteroid therapy
 - Immunosuppressive therapy
 - Hematologic and reticula endothelial diseases
 - End-stage renal disease
 - Intestinal bypass
 - Post-gastrectomy
 - Chronic malabsorption syndromes
 - Carcinoma of the oral pharynx and upper gastrointestinal tract
 - Being 10% or more below ideal body weight

Reviewer: _____ Date: _____