



Communicable Disease

Be Special... Make a Difference!

_____ Positive RB skin test (PPD) date _____
Name Date

Last Chest X-Ray date _____ Results: _____

Please indicate if you have been having any of the following problems for three to four weeks or longer:

Are you currently experiencing?

1) Chronic Cough (greater than 3 weeks) Yes_____ No_____

2) Production of Sputum Yes_____ No_____

3) Blood-Streaked Sputum Yes_____ No_____

4) Unexplained weight loss Yes_____ No_____

5) Fever Yes_____ No_____

6) Fatigue/Tiredness Yes _____ No _____

7) Shortness of Breath Yes _____ No _____

Agency Employee Signature

Date