



# PPD QUESTIONNAIRE

Convenient Home Care Services Inc.

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Employee Name \_\_\_\_\_

Yearly Questionnaire  
 for Individuals with  
 Positive Tuberculin  
 Skin Tests

During the past year have you experienced any of the following signs or symptoms:		YES	NO
1.	Unexplained Persistent Cough		
2.	Coughing Up Blood		
3.	Unexplained Significant Weight Loss / Anorexia		
4.	Unexplained Persistent Fever		
5.	Night Sweats		
6.	Unexplained Fatigue		
7.	Unexplained Chest Pain		

I understand the importance of seeking medical attention from my physician if I display any of the above signs or symptoms of TB. I will also notify my physician and **Convenient Home Care Services, Inc.** of any exposure to Tuberculosis.

\_\_\_\_\_  
 RN/LPN Signature

\_\_\_\_\_  
 Date