



Jazz Home, LLC

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PPD QUESTIONNAIRE

Employee Name _____

During the past year have you experienced any of the following signs or symptoms:

		YES	NO
1.	Unexplained Persistent Cough	<input type="checkbox"/>	<input type="checkbox"/>
2.	Coughing Up Blood	<input type="checkbox"/>	<input type="checkbox"/>
3.	Unexplained Significant Weight Loss / Anorexia	<input type="checkbox"/>	<input type="checkbox"/>
4.	Unexplained Persistent Fever	<input type="checkbox"/>	<input type="checkbox"/>
5.	Night Sweats	<input type="checkbox"/>	<input type="checkbox"/>
6.	Unexplained Fatigue	<input type="checkbox"/>	<input type="checkbox"/>
7.	Unexplained Chest Pain	<input type="checkbox"/>	<input type="checkbox"/>

Yearly Questionnaire
for Individuals with
Positive Tuberculin
Skin Tests

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 **Jazz Home, LLC** of any exposure to Tuberculosis.

RN/LPN Signature _____

Date _____