



UVA-WorkMed
History of Positive PPD Assessment
FAX 434/243-0078

Name: _____ Social Security #: _____

Date: _____ Phone# _____

Employee's Dept. Administrator or Business Mgr. _____

History of a positive TB skin test means that sometime during your life you have come in contact with the tuberculosis bacteria. It does not mean you have active tuberculosis right now.

Signs and Symptoms of Tuberculosis:

Are you experiencing?

- | | | | | |
|--|------------|--------------------------|-----------|--------------------------|
| 1. Unexplained severe night sweats | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Unexplained weight loss | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. Bad cough lasting longer than 2 weeks | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. Persistent low grade fever | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5. Coughing up blood or sputum | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6. Extreme weakness or fatigue | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 7. Loss of appetite | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Date of positive PPD: _____

Have you received a chest x-ray at UVa Hospital during your employment here?

Yes **No**

Have you been exposed to anyone with tuberculosis since your last annual assessment? **Yes** **No**

Have you taken any medication for tuberculosis after having a positive skin test?

Yes **No**

I understand it is my responsibility to report to UVA-WorkMed if any symptoms occur.

Employee Signature

UVA-WorkMed Representative Signature