

Do either of the below apply to you?

Y N Previous positive TB skin test

Y N History of TB disease Date(s) Treatment

Below is a list of symptoms frequently associated with TB disease. Please review the list and indicate any symptoms you may currently have, or have had in the past 12 months, by placing "Y" next to any symptoms you have experienced or a "N" next to those you have not experienced.

Y/N	Symptom	Y/N	Symptom
	Unexplained hoarseness		Coughing up blood
	Loss of appetite		Recurrent shortness of breath
	Unexplained weight loss		Unexplained fatigue or weakness
	Productive or prolonged cough (over 2 weeks duration)		Chest pain
	Bloody sputum		Recurrent pneumonia
	Persistent fever (over 100 degrees F)		Unprotected exposure to a known TB patient. Date of exposure:
	Night sweats		Present symptoms experience

If at any time during the 12 month period between TB screens you experience symptoms of potential TB, please immediately notify the Human Resource Department.

Employee Name Employee Signature Date

Name of Forte Representative Forte Representative Signature Date

Receiving Form