

# TB Questionnaire for New School Employees and Students

## Allen County Combined Health District

### Lima, OH



*Interactive Application! You can complete this application by typing the information into the spaces provided on the form while it is displayed on your computer screen.*

1. Have you lived in or visited a foreign country?  YES  NO  
If yes, which country? \_\_\_\_\_
2. Without dieting, have you lost ten pounds or more in the past month?  YES  NO
3. Do you have a persistent cough (greater than two weeks)?  YES  NO
4. If you do have a cough, are you coughing up blood?  YES  NO
5. Have you had an increased shortness of breath?  YES  NO
6. Do you have night sweats (greater than two weeks)?  YES  NO
7. Do you have a fever (greater than two weeks)?  YES  NO
8. Are you experiencing a loss of appetite (greater than two weeks)?  YES  NO
9. Do you have unexplained weakness or do you feel tired all the time (greater than two weeks)?  YES  NO

Student/Employee's Name: \_\_\_\_\_ (Please Print)

Student/Employee's Signature: \_\_\_\_\_

DOB: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_