

**TB Questionnaire for New Schools Employees and Students
Allen County Combined Health District
Lima, Ohio**

1. Have you ever lived in or visited a foreign country? Yes or No
If yes, which country? _____

2. Without dieting, have you lost ten pounds or more in the past month? Yes or No

3. Do you have a persistent cough (greater than two weeks)? Yes or No

4. If you do have a cough, are you coughing up blood? Yes or No or N/A

5. Have you had an increased in shortness of breath? Yes or No

6. Do you have night sweats (greater than two weeks)? Yes or No

7. Do you have a fever (greater than two weeks)? Yes or No

8. Are you experiencing a loss of appetite (greater than two weeks)? Yes or No

9. Do you have unexplained weakness or do you feel tired all the time (greater than two weeks)? Yes or No

Student/Employee's Name: _____

Student/Employee's Signature: _____

DOB: _____

Date: _____

Supervisor's Signature: _____

Keep this on file with student/employee's records.