

**Rebecca V. Gravenor, RNM CIC, LTC-CIP
Deer's Head Hospital Center
Infection Prevention & Control**

| NAME (PRINT) | DEPARTMENT |
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Per our current facility TB Risk Assessment, all employees must complete an annual TB symptom check. If issues are identified on the assessment, then further evaluation will be conducted.

Please indicate by circling NO or YES if you are experiencing any of the following signs and symptoms of tuberculosis. Please sign and date the form, and return the form to Infection Control.

| SYMPTOMS | RESPONSE | EXPLANATION |
|---|----------|-------------|
| Prolonged, productive cough, Lasting 3 weeks or more | YES NO | |
| Fever | YES NO | |
| Chills | YES NO | |
| Night Sweats | YES NO | |
| Easily Fatigued | YES NO | |
| Loss of Appetite | YES NO | |
| Weight Loss | YES NO | |
| Hemoptysis (Coughing Up Blood) | YES NO | |
| Chest Pain or Shortness of Breath | YES NO | |

| SIGNATURE | DATE OF COMPLETION |
|-----------|--------------------|
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