Fireside Staffing, Inc.
17 Gaudet Lane, Pelham, NH 03076
Tel: 1-800-481-6056 - Fax: 603-635-1641
www.firesidestaffing.com

TB SIGNS AND SYMPTOMS ASSESSMENT

Employee Name: _____ Date: _____/_____/_____

Social Security Number: _____

Have you had any of the following symptoms in the past 12 months? If you answer yes to any of the below, please write how long the symptom lasts and if you were seen by a physician because of it.

1). FEVER?

_____

_____

_____

2). CHILLS? YES_____ NO _____

_____

_____

_____

3). NOC SWEATS? YES_____ NO _____

_____

_____

_____

4). TIRE EASILY? YES_____ NO _____

_____

_____

_____

5). LOSS OF APPETITE? YES_____ NO _____

_____

_____

_____

6). WEIGHT LOSS? YES_____ NO _____

_____

_____

_____

7. PRODUCTIVE PROLONGED COUGHT? ( ) Yes ( ) No

_____

_____

8. CHEST PAIN? ( ) Yes ( ) No

_____

_____

9. BLOODY SPUTUM (HEMOPTASIS)? ( ) Yes ( ) No

_____

_____

10. BACK PAIN? ( ) YES ( ) NO

_____

_____

11. JOINT PAIN? ( ) Yes ( ) No

_____

_____

12. BLOOD IN URINE? ( ) Yes ( ) N0

_____

_____

_____ _____/_____/_____

EMPLOYEE SIGNATURE DATE

_____ _____/_____/_____

R.N SIGNATURE DATE