

Tuberculosis Evaluation Questionnaire



Choices In
Community
Living Training



Tuberculosis Evaluation Questionnaire

Thank you for completing your annual HIPAA Compliance review on line.

The following questions are provided as guidelines for review and discussion with your medical provider

Tuberculosis Evaluation Questionnaire

- 1. Do you have an **unexplained weight loss**?
- 2. Do you **feel tired** all the time?
- 3. Do you have any **unexplained weakness**?
- 4. Do you have a **chronic cough**?
- 5. Are you a smoker?



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6. Do you have **unexplained night sweats**?
7. Do you have **increased shortness of breath**?
8. Have you been **coughing or spitting up blood**?
9. Do you **experience chest pain**?



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10. Any changes in health history?
11. Have you ever had a positive TB test or received treatment?

The above questions are possible symptoms of TB.



What to do if....

- If after answering the previous questions you believe that a medical review would be appropriate, you should:
 1. **Inform your supervisor** immediately
 2. **Contact your personal physician** and inform them of your situation/concerns
 3. Follow instructions provided by your physician.
 4. **Inform your supervisor and Human Resources of your physicians decisions**

Thank you

- Thank you for completing your annual Tuberculosis Questionnaire compliance review on line.
- Look for other annual compliance options at ChoicesHR.com or contact Human Resources at 937/822-2220.

