



**Healthcare
Progressive
Staffers**

New Baltimore, MI 48051
Lithonia, GA 30058
info@hpstaffers.com

Annual PPD Questionnaire

Name: _____

If you have had a negative or positive PPD, the healthcare institutions require that the questionnaire be completed for your personnel file.

Please read and put a check mark in the correct yes/no space if you are experiencing any of the following symptoms or if any of the following apply to you:

	Yes	No
a. Unplanned loss of weight 10% of body weight	_____	_____
b. Night sweats	_____	_____
c. Fever lasting several weeks	_____	_____
d. Frequent coughing in the absence of a cold or flu	_____	_____
e. Coughing blood-streaked sputum	_____	_____
f. Unusual tiredness or weakness lasting weeks	_____	_____
g. Pain in chest when taking a breath	_____	_____
h. Have you been recently diagnosed with diabetes silicosis, HIV, renal, or liver disease?	_____	_____
i. Have you been recently exposed to anyone with active TB?	_____	_____

If you have checked yes to any of the above questions, are you currently being treated by a physician?

Yes _____ No _____

If yes, please explain:

If you develop any of the symptoms listed above, please contact your physician and Precise Healthcare Solutions immediately. You must have clearance prior to working again.

Signature

Date