

Occupational Health - Airpark Occupational Health - Osborn □ 16101 N. 82nd St. Suite A-8 □ 3501 N. Scottsdale Rd. #231 Scottsdale, AZ 85260 Scottsdale, AZ 85251 Phone: (480) 323-1880 Phone: (480) 882-4770 Fax: (480) 905-1136 Fax: (480) 882-4391			Occupational Health - Shea 10200 N. 92 ND St, #102 Scottsdale, AZ 85260 Phone: (480) 323-3818 Fax: (480) 323-3238	TB Questionnaire □
Please check "yes" or "no" next to each symptom. If you check "yes", please describe the symptom, including date of onset, in the "Remarks" section. Please feel free to discuss any concerns with the Occupational Health Nurse.				
Yes	No	Symptom Fatigue Anorexia (loss of appetite) Unexplained weight loss Unusual – irregular menses Low grade fevers Night sweats Chronic cough (lasting more than two (2) weeks) Productive cough combined with fever, chills, weakness and sweating (not responsive to treatment) Shortness of breath Dull aching pain or tightness in chest	Remarks	
□ EMPLOYEE □ VOLUNTEER □ OTHER				
Signature			Department	Extension
Print Name ID Number Date Please return completed form to Occupational Health Department. Office Use Only				
Reviewed by: Date:				
☐ Individual is free of TB symptoms:M.D. Date: ☐ Referred for CXR ☐ CXR not necessary – continue annual questionnaire				