KAISER PERMANENTE®

Employee Health
201 16th Ave E, CMB-1 A107
Seattle, WA 98112
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Symptom Survey for Tuberculosis (TB)

Employees who have had a positive TB test or who had recent exposure to TB must complete this survey annually (typically during their birth month). Employees with recent significant exposure to TB will be asked to complete this form as part of their screening for TB. *All answers are confidential, they are not shared with supervisors nor recorded in medical records.*

A positive TB skin or blood test is indicative of either inactive TB infection or active TB disease.

Approximately 10% of people with inactive TB infection develop active TB disease in their lifetime.

Preventative therapy for inactive TB infection reduces the risk of active TB disease developing.

The Centers for Disease Control and Prevention (CDC) recommends that in healthcare settings employees with inactive TB infection or past TB disease be surveyed annually for symptoms of active TB disease. The CDC also recommends that employees with recent contact to someone with active pulmonary TB disease be surveyed for symptoms of active TB disease.

If you develop symptoms of active TB disease, please contact your medical provider immediately, and notify Employee Health if your medical provider suspects the symptoms are related to active TB disease.

Directions: Please fill out the following survey and return it to Employee Health. For any questions or clarification, please contact Employee Health.

Email: kpwa.employeehealth@kp.org **Inter-Office:** Employee Health CMB-1 A107

Have you had any of the following symptoms within the past 12 months?

YES	NO	
☐	☐	1. Unusual fatigue lasting 2 weeks or more
☐	☐	2. New, unexplained cough lasting 3 weeks or more
☐	☐	3. Coughing up blood-tinged sputum
☐	☐	4. Loss of appetite for 2 weeks or more
☐	☐	5. Unexplained weight loss of 10 pounds, or loss of more than 10% of your normal weight
☐	☐	6. Fever greater than 100°F that lasted for at least 2 weeks
☐	☐	7. Night sweats for 1 week or more
☐	☐	8. Significant changes in your health

If **YES** to any of the questions above, please explain below:

Your signature below indicates that you have completed this form honestly; you understand that persons with inactive TB infection may develop active TB disease; you agree to contact your medical provider if you develop any of the symptoms listed above; and notify Employee Health if your medical provider suspects the symptoms are related to TB disease.

Print Name: _____ **Date Sent:** _____

Signature: _____ **Date Completed:** _____