



**UVA-WorkMed**  
**History of Positive PPD Assessment**  
**FAX 434/243-0078**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date: \_\_\_\_\_ Phone# \_\_\_\_\_

Employee's Dept. Administrator or Business Mgr. \_\_\_\_\_

History of a positive TB skin test means that sometime during your life you have come in contact with the tuberculosis bacteria. It does not mean you have active tuberculosis right now.

**Signs and Symptoms of Tuberculosis:**

Are you experiencing?

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Unexplained severe night sweats       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Unexplained weight loss               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Bad cough lasting longer than 2 weeks | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Persistent low grade fever            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Coughing up blood or sputum           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Extreme weakness or fatigue           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Loss of appetite                      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Have you received a chest x-ray at UVa Hospital during your employment here?  
 Yes  No

Have you been exposed to anyone with tuberculosis since your last annual assessment?  
 Yes  No

Have you taken any medication for tuberculosis after having a positive skin test?  
 Yes  No

Date of positive PPD: \_\_\_\_\_

I understand it is my responsibility to report to UVA-WorkMed if any symptoms occur.

\_\_\_\_\_  
 Employee Signature

\_\_\_\_\_  
 UVA-WorkMed Representative Signature