



ANNUAL TUBERCULOSIS QUESTIONNAIRE

Therapist (Full Name): _____

Theramax Therapy Services policy requires that annually you answer the following questions to determine if any symptoms exist that are suggestive of lung disease. Complete and return this questionnaire to Theramax within 7 days. If you answer “Yes” to any of the following questions or should you develop any of the symptoms below, please inform Theramax immediately and refrain from seeing any patient until you have a clearance from your physician.

Do you have:	Yes	No
1. Unexplained productive cough?		
2. Unexplained weight loss?		
3. Unexplained appetite loss?		
4. Unexplained fever?		
5. Night sweats?		
6. Shortness of breath?		
7. Chest pain?		
8. Increased fatigue?		

Last TB Skin Test (PPD) Date: _____
(attach copy of result)

Last Chest X – Ray Date: _____
(attach copy of result)

I have answered the above questions honestly and to the best of my knowledge.

Therapist’s Signature

Date