



**QUESTIONNAIRE FOR POSITIVE PPD REACTORS**

Check the appropriate spot for any symptoms you may be experiencing.

- |                                         |          |         |
|-----------------------------------------|----------|---------|
| 1. Fatigue; Malaise                     | Yes_____ | No_____ |
| 2. Unexplained weight loss              | Yes_____ | No_____ |
| 3. Anorexia (loss of appetite)          | Yes_____ | No_____ |
| 4. Fever (usually at night)             | Yes_____ | No_____ |
| 5. Night Sweats (drenching proportions) | Yes_____ | No_____ |
| 6. Cough                                | Yes_____ | No_____ |
| 7. Hemoptysis (spitting up blood)       | Yes_____ | No_____ |
| 8. Pain in Chest                        | Yes_____ | No_____ |

If you answered YES to any of the above responses, please indicate the number of the response and a brief history or explanation regarding this symptom below:

---

---

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Department: \_\_\_\_\_

Date: \_\_\_\_\_

---

Medical Staffing Resource Nurse

This questionnaire will be filed as a permanent part of you health record

*Post Office Box 396  
Middletown, NY 10940-0396*

*Toll Free- (877) 343-0808  
Office- (845) 343-0808  
Toll Free Fax- (877) 342-2496  
[information@medicalstaffingresource.com](mailto:information@medicalstaffingresource.com)*