

**YOUTH SERVICES  
Office of Juvenile Justice  
Employee Tuberculosis Signs/Symptoms**

Employee Name: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Date of Last PPD: \_\_\_\_\_

Annual Review: \_\_\_\_\_ Date Refused INH: \_\_\_\_\_ Date PPD Refused: \_\_\_\_\_

Dates of Treatment: \_\_\_\_\_

Reason INH Discontinued: \_\_\_\_\_

Date						
Weight						
Fatigue						
Loss of Appetite						
Low Grade Fever						
Chills						
Cough > 1 Month						
Coughing Up Blood						
Productive Cough						
Recurring Chest Pain						
Shortness of Breath						
Night Sweats						
PPD Counseling						
S/S Instructions						
Reviewer's Initials						

COMMENTS:  
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Reviewer's Signature and Title

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Reviewer's Signature and Title

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Reviewer's Signature and Title

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Reviewer's Signature and Title

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Reviewer's Signature and Title