CHESAPEAKE
MEDICAL STAFFING

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TB Symptoms Survey
(Deferred PPD for Pregnancy and Lactation)

Printed Name: _____

Expected Delivery Date: _____

Are you in good health at the present? Yes No

Please complete the following survey regarding symptoms of tuberculosis. Check yes or no for each symptom. If "yes" please explain in comments below. PPD will be required upon return to work after delivery or cessation of lactation.

Have you noted the following symptoms?	No	Yes
Unexplained weight loss		
Persistent cough with sputum > 3 weeks		
Night sweats		
Fatigue, feeling tired all the time		
Fever—late afternoon or evening		
Coughing up blood/red streaked sputum		

Comments: _____

_____

Employee Signature: _____ Date: _____

Physician Order:

Although there is no documented medical contraindication for a pregnant patient to receive an intra-dermal dose of tuberculin derivative, I am recommending a deferment of the TB screening during pregnancy for this patient.

Printed Name of Obstetrician: _____

Signature: _____ *Date:* _____