UPMC CHANGING

Job Shadow Questionnaire

For Signs and Symptoms of Potential Communicable Diseases

Name: _____

Date of Birth: _____

If under 18 years of age, please have parent or guardian fill out the chart below.

Please complete each question below:	Yes	No	Unsure
1. Do you have a persistent cough? (i.e. a cough lasting longer than three weeks)			
2. Do you have night sweats?			
3. Have you had significant weight loss (10 lbs.) in the last three weeks?			
4. Have you had unexplained fever in the last three weeks?			
5. Do you have a lack of appetite?			
6. Are you coughing up bloody sputum?			
7. Have you had contact with someone that has Tuberculosis?			
8. Have you had a positive Mantoux Tuberculosis skin test in the past?			
9. Do you have diarrhea?			
10. Do you have a skin rash?			
11. Do you have any eye drainage?			
12. Have you had chicken pox?			
13. Have you had measles?			
14. Have you had German measles (rubella)?			
15. Have you had mumps?			

Signed: _____ Date: _____

If under 18 years of age, please have a parent or guardian fill out the following information:

Name: _____ Relationship: _____

Signed: _____ Date: _____