



Poway Unified School District
15250 Avenue of Science, San Diego CA 92128

**Health Services
Tuberculosis Clearance
Four Year Questionnaire**

Print Name

Signature

Social Security Number
(Required for employees)

Work Location

Date

	Are you experiencing:	YES	NO
1.	Chronic cough (more than two weeks in duration).		
2.	Coughing up sputum every day for one week or more.		
3.	Chronic feeling of fatigue, listlessness (more than two weeks in duration).		
4.	Fever of unknown origin (more than one week in duration).		
5.	Night sweats.		
6.	Unexplained weight loss 8 pounds or more.		

A "Yes" answer to any of the questions may indicate a need for medical follow-up. You should consult a physician concerning the need for future examinations. District Health Services is available to assist you.

If you have no physician and cannot obtain private medical care, this service is offered at no cost by the County of San Diego, Department of Health Services, Tuberculosis Control Program, 619-692-5565.

Please complete, sign and return the questionnaire to payroll (employees), or the Health Technician at your school site (volunteers), ***no later than*** _____.

Signature