

Tuberculosis Continued

Do you have any of the following	Yes	No
A cough which has lasted for more than 3 weeks		
Unexplained weight loss		
Unexplained fever		
Have you had tuberculosis (TB) or been in recent contact with open TB		

Additional Information

(If you have answered yes to any questions please provide further details below)

Recommendations

I understand that if any recommendations to my employer are necessary as a result of this Assessment.

I give consent for the nominated occupational health service provider to make recommendations to my employer, without me having seen a written copy of the recommendations first

I would like to see a written copy of any recommendations the Health and Work Centre may make to my employer before they are sent to my employer.

Declaration

I declare that the answers to the above questions are true and complete to the best of my knowledge and belief.

Name	Signature	Date