



EMPLOYEE HEALTH & WELL-BEING

7007 Bertner Ave. (1MC2.2190) Houston, TX 77030, (713)745-6900

Respiratory Query

Date: _____

Name: _____

Date of Birth (Month/Day/Year): _____

Address: _____

Phone: _____

Email: _____

Date of positive skin test? _____

Date of last Chest X-ray? _____

	YES	NO
Have you had a productive, prolonged cough for ≥ 3 weeks?		
<i>If yes, has chest pain or blood in sputum been associated with this cough?</i>		
Have you had an unplanned weight loss of more than 10 lbs?		
Do you have fever?		
Do you have night sweats?		
Do you have unexplained fatigue?		