THE UNIVERSITY OF TEXAS
MD Anderson Cancer Center

Making Cancer History®

EMPLOYEE HEALTH & WELL-BEING

Respiratory Query

Date: _____

Name: _____

Employee ID #: _____

Extension: _____

Date of positive skin test? (optional) _____

Date of last Chest X-ray? (optional) _____

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