



DREXEL UNIVERSITY

College of

Nursing and Health Professions

Signs and Symptoms Letter

Name: *(Please print)* _____ Date: _____

University ID: _____

It is mandatory that this form be completed and kept in your clinical compliance file if you have a current or prior positive PPD. Please check either "Yes" or "No" to the questions below.

Please place a check (✓) your response.

Night Sweats (not related to heat or hot flashes) ☐ Yes ☐ No

Fatigue/Tiredness ☐ Yes ☐ No

Loss of Appetite ☐ Yes ☐ No

Cough (productive or dry) ☐ Yes ☐ No

Unexplained Fever ☐ Yes ☐ No

Weight Loss (unplanned or greater than planned) ☐ Yes ☐ No

Signature: _____ Date: _____