

Tuberculosis (TB) Risk Assessment

Healthcare Worker Name: _____ DOB: _____ Employee ID #: _____

Best contact number: (____) _____ - _____ Department Name: Volunteer Services

County of Residence: _____ Work Affiliation: Volunteer

Instructions: Please complete the following sections, **sign and date, and forward** this completed form along with any supporting TB documentation to your managing Employee Health office. If none apply, please check "None Apply".

TB History

- I have never experienced a positive TB test
- I have a history of a positive TB skin test, blood test, or have experienced active TB disease
- I have taken treatment for latent TB infection
 - I completed the treatment
 - I was unable to complete the treatment

Screen for ACTIVE TB Symptoms

I currently have the following symptoms

(check all that apply)

- Cough for longer than 3 weeks
Productive? Y N
- Coughing up blood
- Unexplained fever of 100°F (or 38°C) for over 2 weeks
- Unexplained weight loss > 10 lbs.
- Poor appetite
- Unusual** or heavy unexplained sweating at night
- Unusual, unexplained** weakness or extreme fatigue
- None Apply**

Comments (Explain any checks):

**Please notify the Employee Health office immediately of any unexplained positive symptoms.*

Screen for TB Infection Risk

(Please check all that apply)

Since my last TB evaluation:

- I currently live with or have close contact with someone who has active TB
- I have lived in a country outside the U.S. for 3 months or more in the past 5 years (High risk: Mexico, Philippines, Vietnam, India, China, Haiti, and Guatemala).
Name of country(s): _____
- I inject drugs not prescribed by my doctor
- I currently live, work, or volunteer in a homeless shelter, jail, prison, or long term care facility, or work with patients in a home care setting
- I currently work or volunteer in a clinic that serves patients with poor access to healthcare that have a higher risk for TB
- I have been exposed to an individual in the community or workplace setting with confirmed active TB in the past year
- Since my previous TB evaluation, I have collected or processed sputum or tissue specimens **for TB testing**
- I perform bronchoscopy, endotracheal intubation, or autopsy
- I provide **hands on patient care** in an emergent setting (i.e. ED, EMS) before a diagnosis is made or isolation initiated
- None Apply**

Screen for Risk of Developing TB Disease

(check all that would apply to you)

- HIV positive
- Risk for HIV infection
- Inject drugs that are not prescribed by doctor
- A history of TB, without finishing treatment
- 10% below ideal body weight
- Currently taking immunosuppressive medications such as:
Methotrexate, Remicade, Humira, etc.
- Current use of alcohol and/or tobacco
- Have or have had any of the following medical conditions (circle all that apply):
 - Diabetes Kidney Disease
 - HIV infection Colitis
 - Cancer
 - Stomach or intestine surgery
 - Rheumatoid Arthritis

None Apply

Healthcare Worker Signature (required)

I hereby certify that the information is true and complete, to the best of my knowledge. I understand that this information will remain a part of my employee health record and will not be released without my knowledge and written consent except for new findings which are required to be reported to the local health department having jurisdiction.

Healthcare Worker Signature

____/____/_____
Date

OFFICE USE ONLY:

- No risk factors for TB infection (no further action)
- Complete TB test
- Refer for medical evaluation

Staff Signature: _____

Date: ____/____/____

Date of Health Dept. notification: ____/____/____