

Symptom/TB Questionnaire:

All Positive TB Skin test reactors and all non-patient care staff must complete this form **ANNUALLY**.

Please check one: <input type="checkbox"/> Volunteer <input type="checkbox"/> Contract Employee <input type="checkbox"/> Physician <input type="checkbox"/> SSM Employee(Not in ReadySet)	
Name: _____	Date: _____
Department: _____	Worksite: _____

In order to comply with OSHA Standards, all healthcare personnel, and volunteers must periodically be assessed for M. Tuberculosis. Please read the following information, answer the questions, sign and date the questionnaire.

Do you have a history of positive TB Test (TST or IGRA) or TB disease? ____ Yes ____ No

Have you been treated for TB disease or infection? ____ Yes ____ No

Follow up for Positive TB Test(s)

- An initial tuberculin skin test (TST) or interferon Gamma Release Assay (IGRA; blood test) should be followed by a thorough medical exam and chest x-ray (CXR), to assure that the patient does not have TB disease. If no disease is found, the person should be offered treatment for LTBI
- Once a person has a documented positive TST or IGRA followed by a CXR deemed to be free of infectious TB, further CXR are **not** needed unless the patient has signs and symptoms of TB disease, or unless ordered by a physician for specific diagnosis examination.
- A screening risk assessment for exposure to TB disease should be repeated even if a person has been treated for previous TB disease or infection, as a TB infection can occur more than once. A new risk factor for TB disease exposure should be followed by symptom review, medical exam and/or CXR. Retesting (TST or IGRA) would not be helpful, as the patient already has a positive test.

Follow up for TB Screening Risk Assessment:

- If there is a "Yes" response to any of the four questions below since last assessment then a TST or IGRA should be performed. A positive test should be followed by a medical exam and chest x-ray (CXR), and if abnormal treatment for LTBI is advised.
- **Re-TESTING** by TST or IGRA should be done in persons who previously tested negative and who have risk factors since last assessment.

Risk Assessment Questionnaire Screen to Exposure of TB Disease:

1. I have a persistent cough lasting 3 or more weeks AND have the following symptoms: <i>Coughing up blood, fever, night sweats, unexplained weight loss or excessive fatigue.</i> Note: A chest x-ray and or sputum examination may be necessary to rule out infectious TB	____ Yes ____ No
2. I have been exposed to someone with a known infectious TB disease or lived with or had close contact with someone who has TB disease since my last TB Test/Symptom Questionnaire.	____ Yes ____ No
3. I have Traveled to a TB-prevalent country for more than one month since my last TB Test/Symptom Questionnaire. Note: High TB-prevalent countries include any country other than the US, Canada, Australia, New Zealand, or any country in Western or Northern Europe	____ Yes ____ No
4. Since my last TB Test/Symptom Questionnaire I have become a resident or worked in a high-risk setting in a state/district with higher TB prevalence (Alaska, California, Florida, Hawaii, New Jersey, New York, Texas, Washington DC).	____ Yes ____ No

I have read and understood the information provided.

Signature: _____ Date: _____

Certification of Completion

To be completed by the Nurse reviewing the TB Risk Assessment Questionnaire

A Tuberculosis risk assessment has been completed for the individual. The employee/volunteer does not have risk factors , or if TB risk factors were identified, he/she has been examined and determined to be free of infectious tuberculosis.

The individual has a history of a previous positive TB test. A TB symptom review and or chest x-ray was completed, and the person is determined to be free of infectious tuberculosis.

Nurse Signature: _____ Date: _____