PRE-HIRE TUBERCULOSIS RISK ASSESSMENT

Please review and answer the following questions with the individual above:

I. Have you had a history of temporary or permanent residence (for > 1 month) in a country with a high TB rate (i.e., any country other than Australia, Canada, New Zealand, the United States, and those in Western or Northern Europe)?
If yes, when? _____

2. Do you have a current or planned immunosuppression, including human immunodeficiency virus infection, receipt of an organ transplant, treatment with a tumor necrosis factor (TNF)-alpha antagonist (e.g., infliximab, elanercept, or other) chronic steroids (equivalent of prednisone > 15mg/day for >1 month) or other immunosuppressive medication?

3. Have you had close contact with someone who has had infectious TB disease since your last **TB** test?
If yes, when?_____b. Did you have adequate personal protection when exposed? _____

4. Have you had a prior bacille Calmette-Guerin (BCG Vaccination?)
If yes, when? _____

5. Have you ever been diagnosed with Latent TB infection (LTBI)?
If yes, when? _____

6. Have you ever been treated for Latent TB infection (LTBI)?
If yes, when? _____

7. Have you ever been diagnosed with TB infection (TB)?
If yes, when? _____

8. Have you ever been treated for TB infection (TB)?
If yes, when? _____

9. Have you had any prior diagnostic testing for TB disease?
If yes, when? _____ Result: _____

I0. Have you ever had a tuberculin skin test (TST)?
If yes, when? _____ Result: _____

11. When was your last chest x-ray?
Date: _____Result: _____
Never had a chest x-ray done _____

12. Do you currently have any of the following symptoms?

Productive cough for more than 3 weeks

Coughing up blood

Unexplained weight loss

Fever, chills, or drenching night sweats for no known reason

Persistent shortness of breath

Unexplained fatigue for more than 3 weeks

Chest Pain

Employee Name: _____

Employee Signature: _____ **Date:** _____

COMPLETED AND REVIEWED BY:

NAME: _____MD/RN/PA/NP

Signature: _____Date: _____

Follow up not required/ Cleared to Work:

Follow up required: