

Helping Hands Pre-employment Baseline TB Screening Tool

If I should notice any of the symptoms of active TB or develop a change in my risk assessment, I will immediately notify my physician and supervisor.

Name: _____ Employee's Signature: _____

Date of Birth _____

Nassau [] Suffolk [] RN [] HHA [] PCA [] PA []

Baseline TB screening includes three components:

- (1) Assessing for current symptoms of active TB disease
and
- (2) General risk assessment
and
- (3) Testing for the presence of infection with *Mycobacterium tuberculosis* by administering either a single TB blood test or a two-step TST.

Symptoms of active TB disease	YES	NO	COMMENTS
Coughing (>3 weeks)			
Night sweats			
Weight loss / poor appetite			
Chest pain			
Coughing up blood			
Fever / chills			
Fatigue			
Shortness of breath			

Simplified general risk checklist assessment for TB

	YES	NO
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 US, and those in western or northern Europe)		
Current or planned immunosuppression, including human immunodeficiency virus infection, receipt of an organ transplant, treatment with an TNF-alpha antagonist (e.g., infliximab, etanercept or other), chronic steroids (equivalent of prednisone >15mg/day for > 1month) or other immunosuppressive medication		
Close contact with someone who has had TB disease		

Comments: _____

TB Blood Test

Name of TB blood test (circle)	QuantiFERON TB-Gold QuantiFERON-TB-Gold InTube T-SPOT
Date of blood draw	
Results	
Interpretation of reading (circle)	Positive Negative Indeterminate
Laboratory	

Tuberculin skin testing (TST)

	TST – First Step	TST – Second Step
Administration		
Name of person administering test		
Date and time administered		
Location (circle)	L forearm R forearm Other: _____	L forearm R forearm Other: _____
Tuberculin manufacturer		
Tuberculin expiration date and lot #		
Signature of person who administered test		
Results (read between 48-72 hours)		
Date and time read:		
Number of mm of induration: (across forearm)	_____mm	_____mm
Interpretation of reading (circle)	Positive Negative	Positive Negative
Reader's signature		

If TB symptoms are present, or test results positive:
Chest X-ray results and medical evaluation are required before starting work.

In my opinion the above named person is: **Free from Tuberculosis Disease** Yes _____ No _____
Is medically cleared to work Yes _____ No _____

Physician's signature: _____ Date: _____

Physician's stamp