

GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF HEALTH

##  Pre-Placement SAMPLE Tuberculosis Screening for Healthcare Personnel

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| **Personal Information**  |
|  **Name: Date:** |
| **Home Telephone Number** |
| **Address:** |
| **City: State: Zip Code:** |
| **Country of Birth: Date of Birth:** |
| **Social Security Number: I am: ⬜ Male ⬜ Female ⬜ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Work Address:** |
| **City: State: Zip Code:** |
| **Job Title: Work Telephone Number:** |
| **Tuberculosis Related History** |
| **Have you ever had a positive TB skin test (Mantoux TST) or blood test (QuantiFERON / TSpot)?** If Yes, When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Yes ⬜ No ⬜** |
| **Have you ever been diagnosed with tuberculosis?**If yes: ⬜ TB Disease ⬜ Latent Year Treated: \_\_\_\_\_\_\_\_\_\_\_\_\_Treatment Duration:\_\_\_\_\_\_\_\_\_\_\_\_\_ Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TB Medications Taken:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Yes ⬜ No ⬜** |
| **Have you ever received the bacille Calmette-Guerin (BCG) vaccine for tuberculosis?**  *(Note: This vaccine is not routinely provided in the U.S.)* | **Yes ⬜ No ⬜** |
| **Risk Assessment**  |
| Have you had 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)  | **Yes ⬜ No ⬜** |
| Do you have any current or planned immunosuppression, including human immunodeficiency virus infection, receipt of an organ transplant, treatment with a TNF-alpha antagonist (e.g., infliximab, etanercept, or other), chronic steroids (equivalent of prednisone ≥15 mg/day for ≥1 month), or other immunosuppressive medication  | **Yes ⬜ No ⬜** |
| Have you had close contact with someone who has had infectious TB disease since the last TB test  | **Yes ⬜ No ⬜** |
| **Tuberculosis Symptom Screen** |
| **Do you have any of the following?** |
| Cough for longer than two weeks? | **Yes ⬜ No ⬜** |
| Coughing up blood? | **Yes ⬜ No ⬜** |
| Soaking night sweats? | **Yes ⬜ No ⬜** |
| Weight loss without dieting? | **Yes ⬜ No ⬜** |
| Persistent fevers (> 100.4 F) | **Yes ⬜ No ⬜** |

