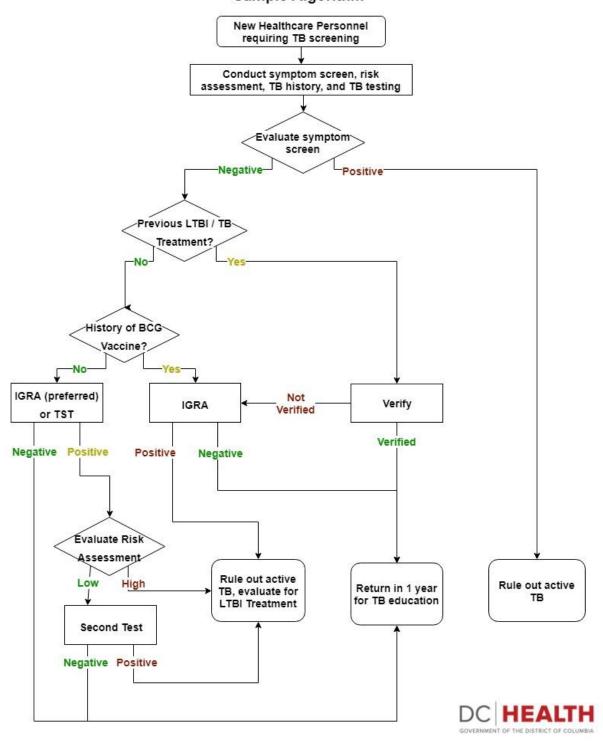


GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH

Pre-Placement SAMPLE Tuberculosis Screening for <u>Healthcare Personnel</u>

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 Telep	phone Numb	er:		
Tuberculosis Related History					
Have you ever had a positive TB skin		(TST) or		Yes	No 🗌
blood test (QuantiFERON / TSpot)? Have you ever been diagnosed with t					
If yes: TB Disease Latent		ated:			
Treatment Duration:	Location:			Yes 🗌	No 🗌
TD Madiantiana Talana					
TB Medications Taken: Have you ever received the bacille Ca	lmette-Guerir	n (BCG) vacci	ne for		
tuberculosis? (Note: This vaccine is not routinely provided in the U.S.)				Yes 🗌	No 🗌
Risk Assessment					
Have you had temporary or permaner		-			
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 in		•	ng human		
immunodeficiency virus infection, rec	eipt of an orga	ın transplant,	treatment with a	_	
TNF-alpha antagonist (e.g., infliximab, etanercept, or other), chronic steroids					No 🗌
medication medication	/ tor ≥1 montn), or other in	imunosuppressive		
Have you had close contact with some	eone who has l	had infectiou	s TB disease since	Ves 🗆	No 🗆
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 🗌

Healthcare Personnel Pre-placement TB Screening Sample Algorithm



For questions, please call the DC TB Control Division at the Health and Wellness Center at 202-698-4040 or 202-741-7692