

Employee Health: Tuberculosis Surveillance Questionnaire

LAST NAME	FIRST NAME	MI	TODAY'S DATE	
POSITION/TITLE	DEPARTMENT		BIRTH DATE	AGE

TUBERCULOSIS HISTORY

1. Have you ever had an allergic reaction to the tuberculin skin test (TB skin test, TST)?	YES	NO
2. Have you ever had a positive TST? If yes, provide supporting documentation.	YES	NO
3. Have you been exposed to a person with known active TB in the past year? <i>(An exposure occurs when respiratory protection is <u>not</u> worn.)</i>	YES	NO
4. As a child, did you receive the Bacille Calmette-Guérin (BCG) vaccine? If yes, your country of birth: _____	YES	NO
5. In the past year, have you traveled to any foreign area with a high incidence of TB [Africa, Asia, Eastern Europe, Latin America (Mexico), or Russia] for <u>volunteer</u> , <u>mission</u> or other <u>health care assistance</u> ? If yes, please answer: 1) How long was the trip? _____; 2) and when did you return? _____	YES	NO
6. Do you currently have a persistent cough (3 weeks or more), coughing-up blood, recent fever, night sweats, or loss of appetite? If yes, circle each applicable symptom and explain:	YES	NO
7. Do you currently or within the last year live with someone with the above symptoms? If yes, please explain:	YES	NO

TUBERCULOSIS RISK ASSESSMENT

Have you resided, for a time period of one month or greater, in a country with a high tuberculosis rate? (any country other than the United States, Canada, Australia, New Zealand, and those in Northern or Western Europe)	YES	NO
Do you currently take, or are planning to take, any immunosuppressive medications, or do you have any immune system disorders? (HIV, organ transplant recipient, chronic steroid use, anticancer medications, etc.)	YES	NO
Since your last TB test, have you had close contact with someone diagnosed with infectious tuberculosis disease?	YES	NO

To the best of my knowledge, the above statements are true and accurate. I agree to make known to my employer and to Stormont Vail Health any changes in my medical condition.



Health Care Worker Signature

Date

STORMONT VAIL INFECTION PREVENTION & CONTROL: "Tuberculosis Testing and Surveillance Policy"

TB SCREENING for HEALTHCARE WORKERS (HCW) *(Documentation for the contract staff member must be produced as requested.):*

- All new employees and non-employed staff (e.g. contracted staff, medical staff, students and vendors) completes a Stormont Vail TB questionnaire.
- All new employees and volunteers will complete a TB test (IGRA) during their Employee Health screening.
- Non-employed HCWs must provide documentation of a negative IGRA or two-step TST (two complete TSTs per CDC recommended procedure) completed within the last twelve months before given Stormont Vail privileges. See requirements below.
 - IGRA documentation must include: the type of IGRA test (example: T-SPOT or QFT), the facility/provider where completed, and the result.
 - TST documentation must include: the facility/provider where completed, the plant and read date, and the results in millimeters (example: 0 mm).
 - Documentation supporting the first TST, of the two-step TST procedure must include a TST completed within the last twelve months OR two or more TSTs completed within the last two to five years.
 - The second TST, of the two-step TST procedure, must have been completed within the last twelve-months, and at least seven days since the first TST was read.
- Non-employed HCWs who have a past-positive IGRA or TST history must provide the following supporting documentation before given Stormont Vail privileges:
 - Documentation of the past-positive result, documentation of a negative PA and Lateral Chest X-ray, and any other possible LTBI related documents (i.e. follow up LTBI education and treatment plan, proof of LTBI medication completion or refusal, etc.).
 - Those who provide documentation of a negative PA and Lateral Chest X-ray are not required to have another Chest X-ray, unless one or more TB questionnaire responses are positive ("yes"). Privileges may be delayed until receiving medical clearance from a pre-determined follow-up evaluator.