# Employee Health: Tuberculosis Surveillance Questionnaire

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<th>LAST NAME</th>
<th>FIRST NAME</th>
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<th>TODAY’S DATE</th>
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<tr>
<td>POSITION/TITLE</td>
<td>EMPLOYER</td>
<td>BIRTH DATE</td>
<td>AGE</td>
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## 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?
   (An exposure occurs when respiratory protection is **not** worn.)
   - 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 volunteer, mission or other health care assistance? 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

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

____________________  ________________________
Health Care Worker Signature      Date

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**SVINJECTION PREVENTION & CONTROL:**

“Tuberculosis Testing and Surveillance Policy”

**TB SCREENING for HEALTHCARE WORKER’S (HCW) (documentation for the contract staff member must be produced as requested):**

- All new non-employed staff (e.g. contracted staff, medical staff, students and vendors) completes a SVH TB questionnaire.
- Documentation of a negative IGRA or two-step TST (two complete TSTs per CDC recommended procedure) completed within the last twelve months must be provided before given SVH privileges.
  - IGRA documentation must include: the type of IGRA test (example: T-SPOT or QFT) facility/provider it was completed, and the result.
  - TST documentation must include: the facility/provider it was completed, the plant and read date, and the results in millimeters (example 0 mm).
  - Documentation supporting a two-step TST completed in the past 12 months in required. The second step of the two-step TST process must be completed 1-3 weeks after the first step.
- Non-employed HCWs who have a past-positive IGRA or TST history must provide the below supporting documentation before given SVH privileges.
  - Provide supporting documentation of the positive result and follow-up LTBI education and possible treatment (i.e. negative PA and Lateral chest x-ray results completed in the United States within the last twelve (12) months, medication completion or refusal, etc.) completion.
  - Those who provide a negative PA and Lateral chest x-ray within the last twelve (12) months are not required to have another chest x-ray completed, unless one or more TB questionnaire response is positive (“yes”). Privileges may be delayed until receiving medical clearance from a pre-determined follow-up evaluator.