

Employee Health: Tuberculosis Surveillance Questionnaire

LAST NAME	FIRST NAME	MI	TODAY'S DATE	
POSITION/TITLE	EMPLOYER		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 not 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

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

SVH INJECTION 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.