



Queensland
Government

TUBERCULOSIS CONTROL
**Healthcare Worker / Student
TB Assessment and Screening**

URN:
Family name:
Given names:
Address:
Phone no:
Date of birth: Sex: M F

Facility name:

To assist with assessing the need for TB screening, please complete all questions. TB screening is open to all healthcare workers / students even if the screening criteria on page 3 are not met. Healthcare workers, if you would like to be screened for TB, please notify your Staff Health Nurse who will arrange testing. Students, please liaise with your University Administrator about their screening arrangements. Please bring this form with you when you are tested.

1. Were you born in Australia? Yes No

If no, in what country were you born?

What year did you arrive in Australia?

2. Have you visited and/or lived in other countries for 3 months or more within the last 3 years? Yes No

Please provide country/ies:

3. Have you ever been diagnosed with TB? Yes No

If Yes, what date did you complete treatment? / / Duration of treatment months

Name of health provider: Where:

Treatment prescribed:

4. Have you ever been in contact with a person with active TB disease? Yes No

If yes, when/where?

5. Have you ever been screened for TB i.e. Chest x-ray, Tuberculin Skin Test (Mantoux) and/or IGRAs (QuantIFERON Gold Assay)? Yes No

If yes, please provide date: / / Where: Results:

Date: / / Where: Results:

6. Have you ever had a BCG vaccination? Yes No

If yes, date: / / Clinic:

7. Have you previously worked in any of the following settings?

7.1. Respiratory units, infectious disease units or other medical units caring for TB patients Yes No

7.2. Clinical procedures units designed for investigation and have a high risk of transmitting suspected or unsuspected TB i.e. bronchoscopy, sputum induction, BCG bladder installations /immunotherapy Yes No

7.3. Microbiology and/other laboratories that handle specimens which may contain mycobacteria Yes No

7.4. Mortuaries Yes No

8. Will you be working in any of the above areas of your current health care setting? (*Students, please see Screening Criteria on next page) Yes No

9. Do you have any of the following symptoms?

9.1. Cough of >2 weeks Yes No

9.2. Fevers Yes No

9.3. Recent unexplained weight loss Yes No

9.4. Haemoptysis (blood in sputum) Yes No

9.5. Night sweats Yes No

9.6. If yes to any, please describe:



**Queensland
Government**

**TUBERCULOSIS CONTROL
Healthcare Worker / Student TB
Assessment and Screening**

URN:
Family name:
Given names:
Address:
Phone no:
Date of birth: Sex: M F

Facility name:

10. What is your current occupation?

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Student HCW | <input type="checkbox"/> Medical officer | <input type="checkbox"/> Nurse | <input type="checkbox"/> Dentist/dental worker |
| <input type="checkbox"/> Speech therapist | <input type="checkbox"/> Radiographer | <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Occupational therapist |
| <input type="checkbox"/> Physiotherapist | <input type="checkbox"/> Audiologist | <input type="checkbox"/> Laboratory worker | <input type="checkbox"/> Mortuary attendant |
| <input type="checkbox"/> Other: _____ | | | |

11. Medical history

11.1. Have you had a recent viral illness? Yes No

If yes, describe:

11.2. Have you had any vaccination within the last four weeks? Yes No

11.3. Do you have any medical conditions? Yes No

11.4. Are you currently taking any medications? Yes No

11.5. Do you have any allergies? Yes No

Tuberculin Skin Test (Mantoux) CONSENT

- I have received information about Tuberculosis (TB) and the tuberculin skin test (Mantoux) in a language which I understand.
- An interpreter service/cultural support person was provided as requested by me.
- I was given the opportunity to ask questions about the tuberculin test. Any questions asked have been answered to my satisfaction.
- I have responded to questions in the tuberculin skin test (Mantoux) fact sheet and I understand the details of the tuberculin skin test.

I, (please print): _____ **consent to the administration of the tuberculin test/s.**

Signature: _____ Date: ____/____/____

To be completed by an accredited TST/BCG provider

BCG history: Yes ____/____/____ No Unknown TST consent signed: Yes
BCG scar: Present Absent BCG consent signed: Yes

| | L/Human Initial test | Retest | BCG if required |
|---------------------|----------------------|--------|--|
| Administration date | | | |
| Batch no. | | | |
| Dose | | | |
| Name and signature | | | |
| Venue where given | | | |
| Reading date | mm | mm | Chest X-ray: Date: ____/____/____ <input type="checkbox"/> Normal result <input type="checkbox"/> Abnormal result <input type="checkbox"/> TB related changes Action required: |
| Result | | | |
| Name and signature | | | |
| Venue where read | | | |



Queensland
Government

**TUBERCULOSIS CONTROL
Healthcare Worker / Student TB
Assessment and Screening**

URN:
Family name:
Given names:
Address:
Phone no:
Date of birth: Sex: M F

Facility name:.....

SCREENING CRITERIA

ACTION REQUIRED: TB screening is offered to students and healthcare workers (HCW) in Queensland and is consent-based. Any student/HCW regardless of whether they meet the criteria is welcome to have TB screening. However, this assessment is used to determine risk and all students/HCWs are encouraged to present for TB screening based on the screening criteria below.

Tuberculin Skin Test (TST) (Mantoux) Screening: Offer to students or health care workers who give **any** of the following answers:

- Identify any of the following countries/regions in Qs 1 & 2: Africa, Asia, South America, Oceania & Pacific Islands (excluding Australia & New Zealand) and the former Soviet Union where previous TST <10mm

Offer to all students or health care workers who answer **Yes** to any of the following:

- Questions 4, 7, 8*, 9, provided the previous TST result (as per question 5) was <10mm

*If you are a Student and you do not know where your clinical placement will be, please disregard question 8.

Chest x-ray (CXR) and/or clinical assessment: Offer to students or health care workers who give **any** of the following answers:

- Identify any of the following countries/regions in Qs 1 & 2: Africa, Asia, South America, Oceania & Pacific Islands (excluding Australia & New Zealand) and the former Soviet Union where previous TST ≥10mm

Offer to all students and health care workers who answer **Yes** to any of the following:

- Questions 3
- Questions 4, 7, 8* or 9 where previous TST ≥10mm
- To those who re-present to an occupational health setting with symptoms after initial assessment

*If you are a Student and you do not know where your clinical placement will be, please disregard question 8.

OUTCOME:

Nil screening required

Screening required: TST: Appointment _____ CXR: Appointment _____

Screening required but declined:

- I have read and understood the recommendations for the assessment and screening process for tuberculosis.
- I decline to participate in the screening process for tuberculosis and am aware of the potential risks.

Student/HCW name _____ Signature _____
Date ____/____/____

Assessment clinician _____
Signature _____ Date ____/____/____