

Occupational Medicine Unit | Canberra Health Services

Tuberculosis (TB) Screening and Assessment Tool

This form is for current and prospective category A Health Care Workers (HCW) within Canberra Health Services (CHS), and/or students on clinical placement within a CHS facility. All Category A HCW are required to meet all mandatory requirements of the Assessment, Screening, and Vaccination (OASV) Procedure as part of their employment. Please read the OASV Procedure available at [Occupational Assessment, Screening and Vaccination Policy](#) to understand your mandatory requirements.

This assessment form will allow the Occupational Medicine Unit (OMU) to determine if you require any further Tuberculosis screening for OASV compliance, OMU will contact you if further actions need to be taken. **Please complete part A, B and C of this form.**

Your Personal Information

▼ Family Name	▼ Given Name
<input type="text"/>	<input type="text"/>
▼ Date of Birth	▼ Phone Number
<input type="text"/>	<input type="text"/>
▼ Address <small>(Street number and name, suburb and postcode)</small>	
<input type="text"/>	
▼ Email	
<input type="text"/>	
▼ Department / Area	▼ Role / Position
<input type="text"/>	<input type="text"/>
▼ Signature	▼ Date completed
<input type="text"/>	<input type="text"/>

Part A: Current Symptoms Assessment to exclude active TB

Do you currently have any of the following symptoms that are not related to an existing diagnosis or condition that is being managed with a doctor?

1. Cough for longer than 2 weeks? <small>(Not related to an existing diagnosis or condition)</small>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Unexplained fevers, chills or night sweats in the past month?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Episodes of haemoptysis (blood in sputum) in the past month?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Significant* unexpected weight loss over the past 3 months? <small>*loss of more than 5% of body weight</small>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you answered **YES** to any of the questions in **Part A**:

► You will require clearance for signs of TB from your GP or DRSM prior to commencing your employment.

▼ Family Name

▼ Given Name

▼ Date Of Birth

Part B: TB risk assessment and exposure history

1. What is your country of birth?

1a. If you were born overseas, when did you migrate to Australia?

1b. Is your Country of birth on the list of *high-TB-incidence countries?

Yes ☐No ☐**For the up-to-date list of high TB incidence countries, please go to:**<https://www.health.nsw.gov.au/Infectious/tuberculosis/Pages/high-incidence-countries.aspx>*

2. Have you ever worked in a high risk setting for TB?

*(Respiratory physicians, thoracic surgeons, bronchoscopy suite nursing and technician staff, TB clinic nursing staff and microbiologist who work with TB cultures)*Yes ☐No ☐

3. Have you ever visited or lived in any of the high-risk countries listed in the link above for a cumulative period of more than 3 months or since your last TB Assessment?

Yes ☐No ☐*If yes, please list below the countries you have visited, the year of travel and the duration of your stay*

Country visited	Year of Travel	Duration of stay (d/m/y)

If you answered **YES** to any of the questions in **Part B**:

- You will require TB screening, a negative (TST) or (IGRA) within the last three years prior to commencing your employment.

Part C: Previous TB Treatment or TB screening or increases susceptibility

1. Have you ever been treated for active TB disease or latent TB infection (LTBI)?

**If yes, please state the year and country where you were treated and provide documentation (if available).*Yes ☐No ☐

▼ Year

▼ Country

2. Have you ever had a positive TB skin test (TST) or blood test (IGRA or QuantiFERON TB Gold+)?

**If yes, please provide copies of TB test results.*Yes ☐No ☐

3. As part of your visa medical assessment, did you have a positive TB skin test (TST) or blood test (IGRA or QuantiFERON TB Gold+)?

If no, please provide a copy of the result*Yes ☐No ☐If you answered **YES to any of the questions in **Part C**:

- You will require a clinical review for TB prior to commencing your employment.



▼ Family Name

▼ Given Name

▼ Date Of Birth

Other relevant information to assist with determining TB risk.

E.g. pre migration TB screening, CXR reported as normal and negative IGRA on

Date

Please ensure you submit this evidence.

Other Comments:

If you are required to take further actions and you need to have a clinical review, clearance must be granted by an Australian approved chest assessment clinic such as Canberra Health Services Department of Sleep and Respiratory Medicine (DRSM).

Bookings can be made by calling Community Health Intake (CHI) on **02 512 49977**.

If you require a TB blood test (IGRA or QuantiFERON TB Gold+) you can make an appointment with your GP or contact the Occupational Medicine Unit (**512 42321**) For North Canberra Hospital, contact the Staff Health Department (**6201 6684**) for assistance (please note fees will apply).

Periodic TB re-screening is required for staff with frequent exposure to tuberculosis.

Please ensure you remain compliant if your employment conditions place you in this category.

For Office Use Only

Please refer to the Occupational Assessment, Screening and Vaccination Procedure for guidance on outcomes for this TB Assessment.

☐ TB Compliant.

☐ TB Screening Required - Interferon gamma release assay (IGRA) blood test.

☐ TB Clinical Review required – referred to TB services/chest clinic.

☐ Other

▼ Name of assessor and role

▼ Date of Assessment



Acknowledgement of Country

Canberra Health Services acknowledges the Ngunnawal people as traditional custodians of the ACT and recognises any other people or families with connection to the lands of the ACT and region. We acknowledge and respect their continuing culture and contribution to the life of this region.

© Australian Capital Territory, Canberra 2025



Accessibility call (02) 5124 0000



Interpreter call 131 450

canberrahealthservices.act.gov.au/accessibility

