



Tuberculosis (TB) Assessment Tool

You must complete this form if you are a health care worker (HCW) who is applying for a Category A position or a student clinical placement. Please also use this form if you are a HCW currently employed by ACT Health in a Category A position.

NEW HCWs – APPLICATION FOR A CATEGORY A POSITION

ALL new HCWs require either a **tuberculin skin test (TST) or interferon gamma release assay/TB Quantiferon**. If you answer YES to any responses in Parts 1a-c you also require clinical review and clearance by an accredited Australian Chest Clinic (in ACT Department of Respiratory and Sleep Medicine (DRSM) - ph 6244 2066). Return your completed **Form 3, test results and clearance (if required)** to the Occupational Medicine Unit (OMUACTHealth@act.gov.au), as soon as possible. **DO NOT ATTACH THIS FORM TO YOUR JOB APPLICATION.** You should retain a copy for your own records.

NEW HCWs – APPLICATION FOR A CLINICAL PLACEMENT

ALL students require either a **tuberculin skin test (TST) or interferon gamma release assay/TB Quantiferon**. If you answer YES to any responses in Parts 1a-c you also require clinical review and clearance by an accredited Australian Chest Clinic (in ACT Department of Respiratory and Sleep Medicine (DRSM) - ph 6244 2066). Return your completed **Form 3, test results and clearance (if required)** to your educational institution as soon as possible. You should retain a copy for your own records.

EXISTING HCWs – INITIAL AND ONGOING PERIODIC TB

Existing HCWs who have not previously been screened for tuberculosis and answer YES to any responses in Parts 1a-c require clinical review and clearance by the CHHS Department of Respiratory and Sleep Medicine (DRSM – ph 6244 2066). **Periodic** tuberculosis re-screening (Part 3) is required for HCWs with frequent exposure to tuberculosis as outlined in Information Sheet 2. Bring your completed **Form 3** to the Department of Respiratory and Sleep Medicine (DRSM) at Canberra Hospital when your repeat TB testing is required.

► **Your Personal Details** *Please print.* *Please Tick:* New HCW - Category A Job Applicant New HCW – Student Existing HCW

▲ Surname

▲ First Name

▲ DOB

▲ Home Address

▲ Educational Institution (if student)

▲ Post Code

▲ Telephone

▲ Email

▲ Gender

▲ Job Designation (e.g., Registered Nurse, Student)

▲ Student Number (if student)

▲ AGS Number (if Existing HCW)

▲ Work Area or Department

High incidence of TB means a TB Incidence of ≥ 40 cases per 100,000 persons. **Before you complete Part 2b of this form,** review the list of **countries with a high incidence of TB** at the internet site:

<http://www.health.nsw.gov.au/infectious/tuberculosis/documents/countries-incidence.pdf>

Part 1a – Current Symptoms

Do you currently have any of the following symptoms?

- ▶ Cough for longer than 2 weeks Yes No ▶ Fever Yes No
- ▶ Haemoptysis (blood in sputum) Yes No ▶ Night sweats Yes No
- ▶ Recent unexplained weight loss Yes No

If Yes to any of the above, you MUST have a clinical review & clearance by ACT Department of Respiratory & Sleep Medicine (62442066).

Part 1b – Contact History

Have you had a known household contact (e.g. person who you have lived with) who has suffered from tuberculosis?

Yes No

Have you had close contact with a person with pulmonary tuberculosis without the use of a P2/N95 mask?

Yes No

Do you work, will you work or have you previously worked in any of the following high-risk areas?

- ▶ Chest (tuberculosis) clinic Yes No
- ▶ Bronchoscopy suite Yes No
- ▶ Laboratory handling *Mycobacterium tuberculosis* culture Yes No
- ▶ Mortuary Yes No

HCWs working in high-risk areas require annual TB review by the DRSM

If Yes to any of the above, you MUST have a clinical review & clearance by an accredited Australian Chest Clinic (includes ACT DRSM ph 62442066).

Part 1c – Positive TB Screening Test (tuberculin skin test or interferon gamma release assay (IGRA)/TB Quantiferon)

Have you ever had a positive tuberculin skin test (>5mm) or positive/indeterminate IGRA/TB Quantiferon?

Yes No

If Yes to any of the above, you MUST have a clinical review & clearance by an accredited Australian Chest Clinic (includes ACT DRSM ph 62442066).

Part 2a – Are you a new HCW or student HCW to Canberra Hospital & Health Services?

Yes No

If you answer YES, you MUST demonstrate a negative tuberculosis screening by tuberculin skin test or interferon gamma release assay/ TB Quantiferon within the past 12 months. ATTACH results.

If positive tuberculin skin test (>5mm) or positive/indeterminate IGRA/TB Quantiferon see Part 1c

Part 2b – International Travel History

▶ What was your country of birth? _____ Is this a country with a high incidence of TB?
 Yes No

▶ Identify any countries/regions you have lived in for a cumulative period of greater than 3 months:

If additional space is required, attach extra pages.

<i>Country/region</i>	<i>Date of most recent travel</i>	Is this a country with a high incidence of TB?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

If Yes to any of the above, you MUST have tuberculosis screening* by tuberculin skin test or interferon gamma release assay/TB Quantiferon. ATTACH results. If positive tuberculin skin test (>5mm) or positive/indeterminate IGRA/TB Quantiferon see Part 1c.

*If tuberculosis screening is less than 3 months since date of last travel, you MUST have a clinical review & clearance by ACT Department of Respiratory & Sleep Medicine (ph 62442066).

Part 3 – Periodic Re-screening (refer to Information Sheet 2 for definitions)

I am (existing HCWs)/will be (new HCWs) working in a:

High risk work area (annual screen) Medium risk work area (five yearly screen) Low risk area (no routine screen)

I certify that the information provided in Parts 1, 2 and 3 is correct.

▲ Print Name

▲ Signature

▲ Date