

Texas Department of State Health Services
After Hire Tuberculosis (TB) Assessment for Health Care Personnel

This form is intended for use in health care facilities when assessing employees for TB after baseline screening.

Employee/Volunteer Name: _____ **Date of Birth:** _____

Reason for assessment:

- Annual assessment recommended (select reason):**
 Employee/volunteer has untreated TB infection (Complete section 1 and 3 ONLY).
 Employee/volunteer has occupational/other risk factors. Specify: _____
- Employee/volunteer was exposed to infectious TB** (report to [Local/Regional Health Department](#)).

Section 1: TB Signs & Symptoms Assessment

Date assessed: _____

Do you currently have any of the following signs or symptoms of TB disease?

- Cough lasting 3 weeks or longer Coughing up blood Night sweats
 Unexplained weight loss Fever/chills for no known reason Fatigue
 None of the above apply

Persons with any of the above signs and/or symptoms of TB need further evaluation. This includes a TST/IGRA (unless there is documentation of previous positive results), a chest x-ray, and full medical exam (sputum collection may be recommended). Employee/volunteer may not return to work until cleared.

Section 2: Individual Risk Assessment

Date assessed: _____

1. Have you had temporary or permanent residence or travel (for ≥ 1 month) in a country with a high rate of TB (i.e., any country other than Australia, Canada, New Zealand, the United States, and those in western or northern Europe)?
2. Have you been in close contact with someone who has had infectious TB disease since your last TB test?
3. Do you have any medical risk factors* for progression from latent TB infection to active TB disease, if infected? These include:
 - HIV infection (the virus that causes AIDS)
 - Receipt of an organ transplant
 - Treatment with medications called TNF-alpha antagonists (e.g., infliximab, etanercept, or others), which lower the immune system
 - Chronic steroids (equivalent of prednisone ≥ 15 mg/day for ≥ 1 month)
 - Specialized treatment for rheumatoid arthritis or Crohn's disease, or other immunosuppressive medications

- Yes**, one or more of the above listed in 1-3 applies **No**, none of the above listed in 1-3 apply

Results of the Individual Risk Assessment in after hire screening is used to interpret test results of the TST or IGRA. If Yes is selected: HCP may have an increased risk of TB. **If No is selected:** HCP is considered low risk for TB infection. For interpreting results of the TST or IGRA according to risk, refer to: cdc.gov/tb/publications/factsheets/testing/skintesting.htm

Health Care Facility use ONLY

Section 3: Results of Assessments

- Further testing with a TST, IGRA, CXR, or medical evaluation is needed** (refer to recommendations in "Tuberculosis Screening Results and Work Clearance" form.)
- Annual assessment complete**
 No further follow up besides education needed: HCP has untreated TB infection and no symptoms of TB disease (section 1).