Texas Department of State Health Services

Baseline Tuberculosis (TB) Assessment for Health Care Personnel

This form is intended for use in health care facilities when assessing employees for TB upon hire.

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

Reason for assessment:

☐ Baseline/New Hire Date of hire: _____

Section 1: TB History Assessment

Date of history:

Documentation of previous positive tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA) blood test results: ☐ Yes ☐ No

If yes, previous TST/IGRA date: _____ Results: _____mm (TST) or _____(IGRA)
If No, HCP will need a baseline TST/IGRA upon hire

History of treatment for latent TB infection or active TB disease: ☐ Yes ☐ No
If yes, dates of treatment: _____ Medication received:_____
Completed Prescribed Course: ☐ Yes ☐ No

*Health Care Personnel (HCP) who state they are previous positive reactors to the TST or IGRA should provide *documentation* of the TST or IGRA result or documentation of completion of adequate therapy for TB infection or disease. They need a recent copy of a chest x-ray (CXR) as part of their screening upon hire. If no documentation is provided, proceed with baseline testing.

NOTE: Individuals who have received the BCG vaccine still need documentation of a baseline test result. IGRA is the preferred screening test for BCG vaccinated individuals, however a TST may be used if IGRA is unavailable. Refer to **www.cdc.gov/tb/topic/testing/testingbcgvaccinated.htm** for more information.

Section 2: TB Signs & Symptoms Screening Assessment

Date assessed:

Do you currently have any of the following signs or symptoms of tuberculosis 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

Comments:

Persons with any of the above signs and/or symptoms of TB need further evaluation: a TST/IGRA (unless there is documentation of previous positive results), a chest x-ray, and full medical exam (sputum collection may be recommended).

Symptomatic employees/volunteers should not return to work until cleared. Refer to individual facility's health care policy on evaluation of HCP who present with signs or symptoms of TB disease.

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Section 3: Individual Risk Assessment

Date assessed:

1. Have you had temporary or permanent residence or travel (for ≥1 month) in a country with a high TB rate (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?
   - 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

If Yes is selected: HCP may have increased risk of TB; baseline testing results should be interpreted according to risk. Refer to: **www.cdc.gov/tb/publications/factsheets/testing/skintesting.htm**
If No is selected: HCP is low risk for TB infection and will need a confirmatory TST/IGRA if their *baseline* test is positive and no TB risk factors have been identified. See **academic.oup.com/cid/article/64/2/e1/2629583**

Section 4: Occupational/Other Risk Assessment

Date assessed:

1. Where do you work? (describe unit, floor, or location of the facility):

_____

2. How many hours each week do you work at this site? _____
3. Do you now or have you recently (since your last TB test) lived, worked or volunteered in a setting that increases your risk for TB exposure (e.g., homeless shelters, jails, detention centers, etc.)?
   ☐ Yes ☐ No

Health Care Facility use ONLY

Section 5: Results of Assessments

☐ **Further baseline testing with a TST, IGRA, CXR or medical evaluation is needed** (refer to "Tuberculosis Screening Results and Work Clearance for Health Care Personnel" form).

☐ **Baseline assessment complete** (note any education and work clearance on "Tuberculosis Screening Results and Work Clearance for Health Care Personnel" form).

☐ No further follow-up needed: HCP has documentation of previous positive TST/IGRA results, has a current CXR with no evidence of TB, and negative findings on TB signs and symptoms assessment.

Is annual screening or testing* recommended for this HCP? ☐ **Yes** ☐ **No**

Reason:_____

**Annual TB screening with a signs and symptoms assessment is needed for employees with untreated TB infection. Annual testing with a TST/IGRA and signs and symptoms assessment may also be considered for employees with risk factors of exposure to infectious TB as identified in section 4 (if determined by the healthcare facility). Refer to "After Hire Tuberculosis Assessment for Health Care Personnel" when screening and testing HCP after baseline.*