VNS Health

Tuberculosis Risk Assessment for Positive TB Test

Part I: *To be completed annually and after TB exposure by healthcare personnel with positive TB test, diagnosis of latent TB infection, or TB disease.*

Employee Name: _____ Employee ID#: _____

Date of last TB Test: _____ Type: _ QFT; _ T-Spot; _ PPD; Result: __Positive; __Negative

Date of last Chest X-Ray: _____ Result: __Positive; __Negative

1. Since last assessment, have you been diagnosed with TB disease (active TB)?
   O No **O** Yes

2. Have you been diagnosed with latent tuberculosis infection (LTBI)?
   O No **O** Yes

3. Have you been treated with TB medications for latent TB infection or TB disease?
   O No **O** Yes, list medications, treatment dates and if treatment course was completed
   TB Medication 1: _____ Date(s): _____ Completed: **O** Yes **O** No
   TB Medication 2: _____ Date(s): _____ Completed: **O** Yes **O** No
   TB Medication 3: _____ Date(s): _____ Completed: **O** Yes **O** No

4. Do you have a weakened immune system for any reason including organ transplant, HIV infection, poorly controlled diabetes, treatment with immunosuppressive medication (e.g. TNF-alpha antagonist (infliximab, etanercept), chronic steroids (prednisone >15mg/day for >1 month)).
   O No **O** Yes, one or more of these is true for me

5. Since last assessment, have you had any of the following that can be symptoms of TB?

a. Coughing for 3 or more weeks	O No	O Yes
b. Coughing up blood	O No	O Yes
c. Persistent shortness of breath	O No	O Yes
d. Unexplained fever, chills, or night sweats	O No	O Yes
e. Unexplained weight loss	O No	O Yes
f. Feeling tired and weak for 3 or more weeks for no known reason	O No	O Yes
g. Unexplained chest pain	O No	O Yes

If yes, describe:

_____

_____

If you answered yes and currently have any of the symptoms listed above, submit this assessment and immediately notify Employee Health and your health care provider. If you do not know how to contact Employee Health, ask your supervisor.

IMPORTANT: If you do not have symptoms of active TB disease, positive TB skin or blood test show TB exposure and latent TB infection (LTBI). Treatment is recommended as it reduces future risk of developing active TB disease. Read **"VNS Health TB Infection"** available on Employee Health site or by request from supervisor.

Complete your annual tuberculosis risk assessment by checking the boxes below:

- ☐ I certify that if I ever experience symptoms of a cough for more than 3 weeks, unexplained fever or fatigue for more than 3 weeks, bloody sputum, night sweats, or unexplained weight loss, I will immediately notify my primary care provider and Supervisor/Employee Health.
- ☐ I certify that I have received the information and understand that latent TB infection treatment is recommended and available to me:
  - I have previously completed treatment on _____
  - I decline the recommended latent TB infection treatment at this time.
  - I will contact my provider or Tuberculosis Chest Center to pursue treatment

Employee Signature: _____ **Date**:_____

Part II: To be completed by Employee Health Nurse upon review of Part I.

1. Does the HCP have symptoms of active TB disease?
   O No symptoms of active TB
   O Yes, HCP confirmed symptoms, medical evaluation and clearance are pending.
   Notes: _____

2. Does HCP have latent TB infection (positive TB test *AND* negative Chest X-Ray)?
   O No, explain: _____
   O Yes, select all that apply
   - ☐ LTBI treatment completed (verify answers in q.3)
   - ☐ LTBI treatment recommended, risks/benefits discussed.
     - ☐ HCP declined/postponed LTBI treatment.
     - ☐ HCP agreed for LTBI treatment. Medical evaluation and treatment options discussed.
     - ☐ Other:
       _____

Additional Notes:
_____

_____

Employee Health RN Signature: _____ **Date**:_____