



Tuberculosis (TB) Screening 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. Refer to the ACT Health *Occupational Assessment, Screening and Vaccination* procedure for more information.

NEW HCWs – APPLICATION FOR A CATEGORY A POSITION

Return your completed **Form 3** to the Occupational Medicine Unit (OMU) or Calvary Health Care Bruce Staff Health Department (CHC Bruce SH) as soon as possible. **DO NOT ATTACH THIS FORM TO YOUR JOB APPLICATION.** You should retain a copy for your own records. The OMU or CHC Bruce SH will assess your form. You will be advised if further clinical review or testing is required.

A **Certificate of Occupational Assessment, Screening and Vaccination** is required for Category A positions. Without a certificate, you will not be eligible for a Category A position. You may be issued a certificate as a **protected** or an **unprotected** HCW.

NEW HCWs – APPLICATION FOR A STUDENT CLINICAL PLACEMENT

Return your completed **Form 3** to your educational institution as soon as possible after enrolment. If you are under 18 years of age, your parent/guardian must also sign your completed form. You should retain a copy for your own records. Your educational institution will forward the original to ACT Health. ACT Health will assess your form. You will be advised if further clinical review or testing is required.

You cannot commence a clinical placement if you are not issued a **Certificate of Occupational Assessment, Screening and Vaccination**. You may be issued a certificate as a **protected** or an **unprotected** HCW.

EXISTING HCWs – ONGOING PERIODIC TB SCREENING

Bring your completed **Form 3** to the Department of Respiratory and Sleep Medicine (DRSM) at Canberra Hospital when your repeat TB testing is required. You should retain a copy for your own records.

1 ▶ **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 ≥ 60 cases per 100,000 persons. **Before you complete Parts 2–7 of this form**, review the list of **countries with a high incidence of TB** at the internet site maintained by the World Bank Group: <http://data.worldbank.org/indicator/SH.TBS.INCD/countries/1W?display=default>

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▶ **Clinical History**

Have you experienced any of the following symptoms in the **previous four weeks**:

- ▶ Cough for longer than 2 weeks Yes No ▶ Fatigue / Weakness Yes No
- ▶ Haemoptysis (coughing blood) Yes No ▶ Anorexia (loss of appetite) Yes No
- ▶ Fevers / Chills / Temperatures Yes No ▶ Unexplained Weight Loss Yes No
- ▶ Night Sweats Yes No

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- ▶ Have you ever had contact with a person known to have TB? Yes No *If yes, attach details on a separate page.*
- ▶ Have you ever had TB screening? Yes No *If yes, attach details on a separate page.*
- ▶ Have you ever had a positive Mantoux skin test? Yes No *If yes, attach details on a separate page.*
- ▶ Have you ever had a positive Quantiferon Gold assay blood test? Yes No *If yes, attach details on a separate page.*
- ▶ Have you ever been diagnosed with TB? Yes No *If yes, attach details on a separate page.*
- ▶ Have you ever been treated for TB in the past? Yes No *If yes, attach details on a separate page.*
- ▶ Have you ever had a BCG (Bacillus Calmette–Guérin) vaccination? Yes No *If yes, attach details on a separate page.*

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▶ **Assessment of risk of TB infection**

- ▶ Were you born outside Australia? Yes No

If yes, where were you born? _____

Is this a country with a high incidence of TB?

- Yes No

▶ **This section to be completed by OMU or CHC Bruce SH.**

- ▶ Have you ever **lived, travelled OR worked** overseas for a **cumulative time of ≥ 3 months**?

- Yes No

If yes, please provide details below. *If additional space is required, attach extra pages.*

Country

Amount of time spent in country

Is this a country with a high incidence of TB?

- Yes No
- Yes No
- Yes No

▶ **This section to be completed by OMU or CHC Bruce SH.**

- ▶ Do you work or have you previously worked in a **laboratory handling *Mycobacterium tuberculosis* culture**?
 Yes No
- ▶ Do you work or have you previously worked in a **“high risk” work area** (e.g. a department or service unit where four or more people with infectious TB had attended over a 12-month period)?
 Yes No Not Applicable *If yes, annual testing will apply. See Information Sheet 2.*
- ▶ Do you work or have you previously worked in a **“medium risk” work area** (e.g. a department or service unit where up to three people with infectious TB had attended over a 12-month period)?
 Yes No Not Applicable *If yes, 5-yearly testing will apply. See Information Sheet 2.*

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▲ <i>Print Name</i>	▲ <i>Signature</i>	▲ <i>Date</i>

▼ **Only complete if applicant is a student aged <18 yrs.**

▲ <i>Print Name of Parent/Guardian</i>	▲ <i>Signature of Parent/Guardian</i>	▲ <i>Date</i>

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