



## Tuberculosis (TB) Assessment Tool

You must complete this form if you are a staff member who is applying for a Category A position or a student clinical placement. Please also use this form if you are a staff member currently employed by ACT Health in a Category A position.

### NEW STAFF – APPLICATION FOR A CATEGORY A POSITION

ALL new staff 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 (02) 5124 9977). Return your completed **Form 3, test results and clearance (if required)** to the Occupational Medicine Unit ([CHSOMU@act.gov.au](mailto:CHSOMU@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.

### STUDENTS – 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 STAFF – INITIAL AND ONGOING PERIODIC TB

Existing staff 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 (02) 5124 9977). **Periodic** tuberculosis re-screening (Part 3) is required for staff 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:  Existing Staff  New Staff - Category A Job Applicant  New Staff – Student

▲ 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 Staff)

▲ Work Area or Department



**High incidence of TB** means a TB Incidence of  $\geq 40$  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:

<https://www.health.nsw.gov.au/Infectious/tuberculosis>

**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 should initially seek medical assessment by your GP. You MUST have a clinical review & clearance by CHHS Department Respiratory & Sleep Medicine ((02) 5124 9977).**

**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/Duck bill respirator 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

Staff 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 (02) 5124 9977).**

**Part 2a – Are you a new staff member or student at 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 dated 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>	<b>Is this a country with a high incidence of TB?</b>
_____	_____	<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 3 months or more since most recent travel\*. 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 (02) 5124 9977).**

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

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

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

▲ Print Name

▲ Signature

▲ Date