

FORM 2. – Tuberculosis (TB) assessment tool

- A New Recruit/Student will require TST screening if he/she was born in a country with a high incidence of TB, or has resided for a cumulative time of 3 months or longer in a country with a high incidence of TB, as listed at: <http://www.health.nsw.gov.au/publichealth/Infectious/a-z.asp#T>.
- The **Health Service** will assess this form and decide whether clinical review/testing for TB is required. Indicate if you would prefer to provide this information in private consultation with a clinician.
- **New recruits** will not be permitted to commence duties if they have not submitted this *Form* and *Form 1: New Recruit Undertaking/Declaration* to the employing health facility. Failure to complete outstanding TB requirements within the appropriate timeframe(s) may affect the new recruit's employment status
- **Students** will not be permitted to attend clinical placements if they have not submitted this *Form* and the *Form 3: Student Undertaking/Declaration* to their educational institution's clinical placement coordinator as soon as possible after enrolment. Failure to complete outstanding TB requirements within the appropriate timeframe(s) will result in suspension from further clinical placements. **The educational institution** will forward the original or a copy of these forms to the health service for assessment.

Clinical History

Cough for longer than 2 weeks Yes No

Please provide information below if you have any of the following symptoms:

Haemoptysis (coughing blood) Yes No

Fevers / Chills / Temperatures Yes No

Night Sweats Yes No

Fatigue / Weakness Yes No

Anorexia (loss of appetite) Yes No

Unexplained Weight Loss Yes No

Assessment of risk of TB infection

Were you born outside Australia? Yes No

If yes, where were you born?

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Have you lived or travelled overseas? Yes No

Country	Amount of time lived/ travelled in country
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.....
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Have you ever had:

Contact with a person known to have TB?

If yes, provide details below Yes No

Have you ever had:

TB Screening Yes No

If yes, provide details below and attach documentation

If you answered **YES** to any of the questions above, please provide details (attach extra pages if required).

I declare that the information I have provided is correct

Name _____

Phone or Email _____

Student ID (or date of birth) _____

Educational institution (student) _____

Health Service/Facility (new recruit) _____

Signature _____ Date _____