HEALTHCARE WORKER TB SCREENING AND TESTING CONSENT*

Name:	Date:	
Job Title:		
Previous History (Check all that apply)		
☐ BCG Vaccination		
□ Positive TST □ Latent TB		
☐ TB disease		
Health care personnel should be considered at increased risk for TB if they answer "yes" to any of the following statements.		
Temporary or permanent residence (for ≥1 month		□ Yes
rate (i.e., any country other than Australia, Canada, New Zealand, the United States, and those in western or northern Europe)		□ No
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Current or planned immunosuppression, including human immunodeficiency virus infection, receipt of an organ transplant, treatment with a TNF-alpha antagonist		☐ Yes ☐ No
(e.g., infliximab, etanercept, or other), chronic steroids (equivalent of prednisone		
≥15 mg/day for ≥1 month), or other immunosuppressive medication		
Close contact with someone who has had infectious TB disease since the		☐ Yes ☐ No
worker's last TB test		□ No
Symptom Review: Check any of the symptoms below that you are experiencing.		
☐ Persistent cough greater than 2 weeks	☐ Coughing up blood	
□ Night sweats	☐ Loss of appetite☐ Chills and/or fever	
☐ Unexplained weight loss ☐ Chills and/or fever		
TB Testing – Mark the test being performed		
☐ Two-step tuberculin skin test		
☐ Blood assay for <i>Mycobacterium tuberculosis</i> (BAMT)		
Consent to Testing		
☐ I had the opportunity to ask questions and consent to TB testing.		
☐ I decline the opportunity for TB testing. I understand this testing will be provided to me		
later if requested.		
Vorker Signature Date		

^{*}From the CDC - All U.S. health care personnel should be screened for TB upon hire (i.e., preplacement). The local health department should be notified **immediately** if TB disease is suspected. Annual TB testing of health care personnel is **not** recommended unless there is a known exposure or ongoing transmission.