



# Health Care

Employee Health Services 884.8770  
TB Risk Assessment and Symptom Review

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_ Job Title: \_\_\_\_\_ Manager: \_\_\_\_\_

**ANNUAL HEALTH SCREEN IS NOT COMPLETE UNTIL FORM IS RECEIVED AND REVIEWED BY EMPLOYEE HEALTH NURSE**

## CHANGES TO HEALTH HISTORY SINCE LAST REPORT

(Check all that apply and specify change(s))

- Diagnosis: \_\_\_\_\_
- Allergies: \_\_\_\_\_
- Surgeries: \_\_\_\_\_
- Medications: \_\_\_\_\_

## TB TESTING HISTORY

(**Must** check at least one box)

- I have had a positive TB skin test or blood test in the past.
- I have been told I have Latent Tuberculosis Infection (LTBI).
- I have been treated (taken medication) for LTBI.
- I have LTBI and I am interested in starting treatment.
- I have been told I have active tuberculosis.
- None of the above statements apply to me.

## MUHC Infection Control Policies and Procedures

TB is most likely to be transmitted in health care settings when health care workers and patients come in contact with persons who have unsuspected TB disease, who are not receiving adequate treatment, and who have not been isolated from others. MUHC is committed to:

- Prompt detection of TB disease;
- Airborne precautions; and
- Treatment of people who have suspected or confirmed tuberculosis (TB) disease.

## TUBERCULOSIS (TB) EDUCATION

### Risk Factors that can increase risk of TB disease

(Check all that apply; **Must** check at least one box):

- A weakened immune system** (possible causes include: HIV/AIDS; Diabetes; Severe kidney disease; Chemotherapy; Organ transplant recipient; Immunosuppressive medications-such as Corticosteroids-Prednisone, Humira, Enbrel, Remicade or Xeljanz; Malnutrition; Advanced age)
- Travel to or living in areas that have high rates of TB** (Including: Africa, Eastern Europe, Asia, Russia, Latin America, Caribbean Islands)
- Lack of medical care**
- Substance abuse (IV drugs and/or alcohol)**
- Living or working in a residential care facility** (prisons, homeless shelters, nursing homes)
- Close contact of someone with infectious TB**
- None of the above statements apply to me.**

### TB Signs and Symptoms

(Check all that apply; **Must** check at least one box):

- Cough, lasting longer than 3 weeks**
- Coughing up blood or sputum**
- Pain in the chest**
- Weakness or Fatigue** (unexplained)
- Weight loss and/or Loss of appetite** (unexplained)
- Chills**
- Fever**
- Sweating at night** (unexplained)
- I do not have any of the symptoms listed**

By signing below, I attest that I have read this form and been given the opportunity to have my questions answered. All answers provided are accurate and true. I have been educated on the risk factors, signs and symptoms of TB; as well as MUHC's infection control policies and procedures regarding Tuberculosis. I agree to report any changes to Employee Health Services immediately.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_