

# HEALTH CARE WORKER TUBERCULOSIS (TB) RISK ASSESSMENT TOOL

For use of this form see, MEDCOM Reg 40-64, the proponent agency is MCPO-SA

Health Care Worker Tuberculosis (TB) Risk Assessment Tool		REVIEWER INSTRUCTION
1. Do you have any of the following TB symptoms: cough >2 Weeks, fever >2 weeks, drenching night sweats, or unexplained weight loss?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If "YES" → STOP. If "NO" → Go to question #2		If "YES" then refer <b>immediately</b> to provider for evaluation of TB disease.
2. Do you work in an emergency room, inpatient hospital setting, primary care clinic, mycobacteriology laboratory, or other health setting where TB patients are evaluated or treated.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If "NO" → STOP. If "YES" → Go to question #3		If "NO" then do not test.
3. Do you have written documentation of a prior positive TB test, prior diagnosis of TB, or prior treatment for TB?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If "YES" → STOP. If "NO" → Go to question #4		If "YES" then do NOT test.
4. Is this your first TB evaluation at this health care facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If "YES" → STOP. If "NO" → Go to question #5		If "YES" then perform two-step TB skin testing.
5. Since your last TB risk assessment, did you have face-to-face contact with someone who was sick with tuberculosis (TB)?  If yes, nature of exposure: Household – Co-worker – Family –  Other _____  Dates of exposure _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate the Health Care Facility's current TB risk Classification:  <input type="checkbox"/> Low Risk  <input type="checkbox"/> Medium Risk  <input type="checkbox"/> Potential ongoing transmission
<b>Reviewer comments</b>		
		If "YES" then test. If "NO" then test only if at a medium or high risk facility
<b>PATIENT'S IDENTIFICATION</b> (For typed or written entries give: Name-last-first-middle; DOB; SSN; date; hospital or medical facility)	<b>REVIEWER NAME</b>	<b>REVIEWER SIGNATURE</b>