NSW Health

# Tuberculosis (TB) Assessment Tool

## Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases

### Your Personal Information

Family Name

Given Name(s)

Date of Birth

Phone Number

Medicare Number *[if eligible]*

Position on card *[number next to your name]*

Expiry Date

Address (street number and name, suburb and postcode)

Email

Employer/Education Provider

Stafflink/Student/Other ID

Course/Module of Study OR Place of Work

Signature

Date completed

**Please complete all questions in Parts A, B and C.**

### Part A: Symptoms requiring investigation to exclude active TB disease

| *Do you currently have any of the following symptoms that are not related to an existing diagnosis or condition that is being managed with a doctor?* | Yes | No |
|---|---|---|
| 1. Cough for more than 2 weeks? | ◯ | ◯ |
| 2. Episodes of haemoptysis (coughing blood) in the past month? | ◯ | ◯ |
| 3. Unexplained fevers, chills or night sweats in the past month? | ◯ | ◯ |
| 4. Significant* unexpected weight loss over the past 3 months?<br>**loss of more than 5% of body weight* | ◯ | ◯ |

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| Part B: Previous TB treatment or TB screening or increased susceptibility | Yes | No |
|---|---|---|
| 1. Have you ever been treated for active TB disease or latent TB infection (LTBI)?<br>*If Yes, please state the year and country where you were treated and provide documentation (if available)*<br>Year Country | ○ | ○ |
| 2. Have you ever had a positive TB skin test (TST) or blood test (IGRA or QuantiFERON TB Gold+)?<br>*If Yes, please provide copies of TB test results.* | ○ | ○ |
| 3. Do you have any medical conditions that affect your immune system?<br>*e.g. cancer, HIV, auto-immune conditions such as rheumatoid arthritis, renal disease* | ○ | ○ |
| 4. Are you on any regular medications that suppress your immune system?<br>*e.g. TNF alpha inhibitors, high dose prednisone*<br>*Please provide details here:* | ○ | ○ |

## Part C: Possible TB exposure risk history

The following questions explore possible previous exposure to TB

1. In what country were you born?
   If born overseas, when did you migrate to Australia?

| **First Assessment Only** | Yes | No |
|---|---|---|
| 1a. Is your country of birth on the list of high-TB-incidence countries?<br>*For the up-to-date list of high TB incidence countries, please go to https://www.health.nsw.gov.au/Infectious/tuberculosis/Pages/high-incidence-countries.aspx* | ○ | ○ |
| 1b. If Yes, as part of your visa medical assessment, did you have a negative TB skin test (TST) or blood test (IGRA or QuantiFERON TB Gold+)?<br>**If yes, please provide a copy of the result* | ○ | ○ |
| 2. Have you ever visited or lived in any country/ies with a high TB incidence in your life (first assessment) or since your last TB Assessment?<br>*If Yes, please list below the countries you have visited, the year of travel and duration of stay* | ○ | ○ |
| 3. Have you had direct contact with a person with infectious pulmonary TB without adequate personal protective equipment and did not complete contact screening? | Yes ○ | No ○ |

| Country visited | Year of travel | Duration of stay *(please specify d/w/m)* | Country visited | Year of travel | Duration of stay *(please specify d/w/m)* |
|---|---|---|---|---|---|
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## Other relevant information to assist with determining TB risk

E.g. pre-migration TB screening - CXR reported as normal and negative IGRA on

Date

**All workers and students** need to submit this form to their NSW health agency or education provider.
**Education providers** must forward this form to the NSW Health agency for assessment.
The **NSW Health agency** will assess this form and determine whether TB screening or TB clinical review is required.
NSW TB Services contact details:
https://www.health.nsw.gov.au/Infectious/tuberculosis/Pages/accessing-your-local-TB-service.aspx

***Privacy Notice:*** *Personal information about students and employees collected by NSW Health is handled in accordance with the Health Records and Information Privacy Act 2002. NSW Health is collecting your personal information to meet its obligations to protect the public and to provide a safe workplace as per the current Occupational Assessment Screening and Vaccination Against Specified Infectious Diseases Policy Directive. All personal information will be securely stored, and reasonable steps will be taken to keep it accurate, complete and up to date. Personal information recorded on this form will not be disclosed to NSW Health officers or third parties unless the disclosure is authorised or required by or under law. If you choose not to provide your personal information, you will not meet the condition of placement. For further information about how NSW Health protects your personal information, or to learn about your right to access your own personal information, please see our website at www.health.nsw.gov.au*

## For Official Use of NSW Health Agency or NSW TB Service

Please refer to ***Appendix 3 - TB Assessment Decision Support Tool*** for guidance on documenting outcomes from this TB Assessment:

- ◯ TB Compliant
- ◯ Advice sought from local TB service/chest clinic
- ◯ TB Screening required – referred to GP or local TB service/chest clinic
- ◯ TB Clinical Review required – referred to local TB service/chest clinic
- ◯ Other

Name of assessor and role

Contact Number

Health Agency/District/Network

Date of assessment