

Tuberculosis Screening Results and Work Clearance for Health Care Personnel

This form is intended for use in health care facilities to document tuberculosis (TB) screening, testing, education and clearance to work for health care personnel. Complete this form after a baseline TB assessment or after hire TB assessment is done.

Employee/Volunteer Name: _____ Date of Birth: _____

Section 1: Referral Options

Date: _____

Refer for TST or IGRA. Select reason:

- New hire- HCP does not have documentation of baseline TST/IGRA results and needs a two-step TST or single IGRA.
- New hire- HCP is considered low risk** for TB infection but tested positive on baseline IGRA or TST and needs a confirmatory test (NOTE: if the positive test is on the two-step second TST, it should be considered positive; refer for CXR)
***Low risk individuals answered "NO" to all questions in the Individual Risk Assessment, section 3 of "Baseline Tuberculosis Assessment for Health Care Personnel" form.*
- Annual - HCP needs annual testing due to occupational/other risk (refer to section 4 of *Baseline* form).
- As needed- HCP needs testing as part of a recent exposure to TB; retest 8-10 weeks after there is no longer any evidence of transmission.
- As needed- HCP needs testing due to current signs and symptoms of TB disease.

Refer for CXR. Select reason:

- New hire- HCP has a documented previous positive TST/IGRA result and needs a baseline CXR.
- As needed- HCP has signs and symptoms of TB disease, regardless of TST or IGRA result.
- As needed- HCP tested positive on TST or IGRA at baseline/annual/recent exposure testing.

Refer for medical evaluation. Select reason:

- HCP has signs and symptoms of TB disease, pending CXR and TST/IGRA results.
- HCP has all results completed and needs medical evaluation before returning to work.
- HCP has a positive TST/IGRA, a normal CXR, is asymptomatic, and needs a diagnosis and referral for TB infection (ensure TB infection is reported to the [Local/Regional Health Department](#)).

Section 2: Education

Baseline and annual education are recommended as part of a comprehensive TB screening plan for health care facilities.

Date: _____

Education provided on (check all that apply):

- Risk Factors for TB Including Re-assessment of Individual Risk
- Signs and Symptoms of TB
- Importance of Treatment for TB Infection and Disease
- Occupational or Other TB Exposure Settings
- TB Educational Material (refer to last section)
- Other: _____

Signatures of staff providing education:

Texas Department of State Health Services
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Section 3: Results of Testing

Name: _____

Date of Birth: _____

Tuberculin Skin Test (TST)

Baseline TST/Date: _____ Administered by: _____

Test Location: Left Arm Right Arm Other: _____

Manufacturer: _____ Lot #: _____ Expiration Date: _____

Read Date: _____ Read by: _____ Reading: _____mm

This result* is considered: Positive Negative

***If two-step skin test is needed for baseline, place second skin test 1-3 weeks after first;
If TST is needed after exposure to infectious TB, repeat 8-10 weeks after break in contact from exposure***

TST Test/Date: _____ Administered by: _____

Test Location: Left Arm Right Arm Other: _____

Manufacturer: _____ Lot #: _____ Expiration Date: _____

Read Date: _____ Read by: _____ Reading: _____mm

This result* is considered: Positive Negative

TST Test/Date: _____ Administered by: _____

Test Location: Left Arm Right Arm Other: _____

Manufacturer: _____ Lot #: _____ Expiration Date: _____

Read Date: _____ Read by: _____ Reading: _____mm

This result* is considered: Positive Negative

Interferon Gamma Release Assay (IGRA)

Baseline IGRA Test/Date: _____ Administered by: _____

Test: QFT-GIT T-Spot Other, specify: _____

Result: * Positive Negative Indeterminate Borderline (T-Spot only)

***Perform confirmatory IGRA if HCP is unlikely infected with MTB and tests positive on baseline
If IGRA is needed after exposure to infectious TB, repeat 8-10 weeks after break in contact from exposure***

IGRA Test/Date: _____ Administered by: _____

Test: QFT-GIT T-Spot Other

Result*: Positive Negative Indeterminate Borderline (T-Spot only)

Chest X-Rays

First Chest x-ray/Date: _____ Results: _____

Second Chest x-ray/Date: _____ Results: _____

*Refer to cdc.gov/tb/publications/factsheets/testing/skintesting.htm and cdc.gov/tb/publications/factsheets/testing/igra.htm for interpreting TST and IGRA results, especially in immunocompromised individuals.

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Section 4: References and Educational Material

Recommendations for screening health care personnel (HCP) for TB can be found in the 2005 Centers for Disease Control and Prevention (CDC) document "Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings."

Updated 2019 recommendations supplement the 2005 document, entitled "Tuberculosis Screening, Testing and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC."

Both documents can be found at: [cdc.gov/tb/publications/guidelines/infectioncontrol.htm](https://www.cdc.gov/tb/publications/guidelines/infectioncontrol.htm) and [cdc.gov/tb/topic/infectioncontrol/healthCarePersonnel-resources.htm](https://www.cdc.gov/tb/topic/infectioncontrol/healthCarePersonnel-resources.htm).

Health Care Facilities should continue to perform an annual risk assessment of the facility. See [cdc.gov/tb/topic/infectioncontrol/TBhealthCareSettings.htm](https://www.cdc.gov/tb/topic/infectioncontrol/TBhealthCareSettings.htm) for more information and [cdc.gov/tb/publications/guidelines/pdf/appendixb_092706.pdf](https://www.cdc.gov/tb/publications/guidelines/pdf/appendixb_092706.pdf) for Facility Risk Assessment.

TB Educational Material

- **FAQs for Screening Health Care Personnel for TB:**
dshs.texas.gov/disease/tb/faq.shtm#hcp
- **General Information about TB:**
[cdc.gov/tb/topic/basics/](https://www.cdc.gov/tb/topic/basics/)
- **TB Testing Fact Sheets:**
[cdc.gov/tb/publications/factsheets/testing/skintesting.pdf](https://www.cdc.gov/tb/publications/factsheets/testing/skintesting.pdf)
[cdc.gov/tb/publications/factsheets/testing.htm](https://www.cdc.gov/tb/publications/factsheets/testing.htm)
- **Testing for TB in BCG-Vaccinated Individuals:**
[cdc.gov/tb/topic/testing/testingbcgvaccinated.htm](https://www.cdc.gov/tb/topic/testing/testingbcgvaccinated.htm)
- **Two Step Skin Testing and Screening for TB in Health Care Settings:**
[cdc.gov/tb/topic/testing/healthcareworkers.htm](https://www.cdc.gov/tb/topic/testing/healthcareworkers.htm)
- **Placing and Interpreting the Tuberculin Skin Test (TST)**
[cdc.gov/tb/publications/posters/images/Mantoux_wallchart.pdf](https://www.cdc.gov/tb/publications/posters/images/Mantoux_wallchart.pdf)
- **Reporting Requirements for TB Infection and TB Disease:**
dshs.texas.gov/disease/tb/report.shtm
- **Texas Department of State Health Services Disease Reporting Contacts:**
dshs.texas.gov/IDCU/investigation/conditions/Disease-Reporting-Contacts.aspx
- **Treating TB Infection:**
[cdc.gov/tb/topic/treatment/ltbi.htm](https://www.cdc.gov/tb/topic/treatment/ltbi.htm)

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Health Care Facility use ONLY

Section 5: Work Clearance

May return to work, date: _____

May return to work, but still needs: _____

May NOT return to work until: _____

Signatures: