

STAFFORD COUNTY PUBLIC SCHOOLS HEALTH SERVICES  
Screening Created by PD 16 School Health TEAM

**TUBERCULOSIS RISK ASSESSMENT FOR ALL NEW EMPLOYEES - CONFIDENTIAL**

NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

POSITION: \_\_\_\_\_ DATE: \_\_\_\_\_

Code of Virginia 22.1-300 recommends that tuberculosis (TB) testing be performed on all individuals who may be at increased risk of TB. To the employee: please complete the following risk assessment below OR provide documentation from a licensed physician, nurse practitioner, or registered nurse of a negative TB test within the last 3 months or documentation of treatment with no current symptoms.

1. Were you born in a country outside of the United States?  
 No  Yes If yes, what country? \_\_\_\_\_
2. Have you spent three or more consecutive months in a foreign country in the last five years?  
 No  Yes If yes, what country? \_\_\_\_\_
3. Have you been exposed or had contact with a person with active TB in the last year?  
 No  Yes If yes, who? \_\_\_\_\_
4. Were you homeless or incarcerated or did you live in a shelter during the last two years?  
 No  Yes
5. Have you had any of the following: persistent cough, coughing up blood, fever for more than one week, unexplained weight loss or HIV infection?  
 No  Yes If yes, please explain: \_\_\_\_\_
6. Are you currently taking oral steroid medications (other than inhalers), cancer treating drugs or any other medication or treatment that might weaken your immune system?  
 No  Yes
7. Have you ever had a positive test for TB or been treated for active TB disease or latent TB infection?  
 No  Yes If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Do you have any of the following medical conditions (circle yes or no)?

a. Diabetes	No	Yes	f. Gastrectomy	No	Yes
b. Malnutrition	No	Yes	g. Silicosis	No	Yes
c. Cancer	No	Yes			
d. Chronic renal failure	No	Yes			
e. Congenital or acquired immunodeficiency	No	Yes			

**INSTRUCTIONS FOR HEALTHCARE PROVIDER: Please complete the information below if the risk assessment completed by the employee contains one or more positive (yes) answers. Return to the school nurse.**

Date of TB test: \_\_\_\_\_ -Type of TB Test: TB skin test **OR** IGRA (interferon gamma release assay)

Test result: \_\_\_\_\_ mm induration (for TST) **OR** IGRA result: Positive Negative Indeterminate

CXR ordered? No  Yes  If yes, result: \_\_\_\_\_

Treatment provided? No  Yes  -If yes, what? \_\_\_\_\_

Name of Healthcare Provider (please print): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

## SCHOOL BOARD POLICY FOR TUBERCULOSIS SCREENING REQUIREMENTS

I. Staff entering the workplace for the first time or returning after three months outside the United States must provide documentation from a licensed physician, nurse practitioner, physician assistant or registered nurse prior to entry of a:

- A. TB Risk Assessment documenting low risk for TB disease. All answers on the Risk Assessment should be negative. BCG vaccination does not exclude patient from following protocol. – **OR** –
- B. Documentation of a negative TB (Mantoux) skin test or interferon gamma release assay within the past 12 months or after exposure. – **OR** –
- C. Written documentation of having successfully completed treatment for active tuberculosis disease.

II. Staff shall be excluded from work until the TB policy requirement is met. As part of the risk assessment and targeted screening process, questions arise concerning the definition “high prevalence country” for the purposes of completing the risk assessment tool and determining who should receive a test for tuberculosis (either a tuberculin skin test (TST) or interferon gamma release assay (IGRA)).

### III. Countries at low-risk for tuberculosis (defined as less than 20 TB cases per 100,000 population)

<b>Current Exception List – March 2015</b> (case rates from WHO 2014 Global Report)					
<b>Test for Latent TB Infection Only if Symptomatic or an Additional Individual Risk Factor is Present</b>					
African Region	American Region	Eastern Mediterranean	European Region	Western Pacific Region	Southeast Asia Region
Egypt	Antigua & Barbuda Antilles Aruba Bahamas Barbados Bonaire, Saint Eustatius and Saba Canada Caymen Islands Chile Costa Rica Cuba Curacao Dominica Grenada Jamaica Montserrat Puerto Rico Saint Kitts & Nevis Saint Lucia Sint Maarten (Dutch Part) Turks & Caicos United States Virgin Islands (US & BR)	Bahrain Israel Jordan Lebanon Oman Saudi Arabia Syrian Arab Republic United Arab Emirates West Bank and Gaza Strip	Albania Andorra Austria Belgium Croatia Cyprus Czech Republic Denmark Finland Former Yugoslav Republic of Macedonia France Germany Greece Hungary Iceland Ireland Italy Luxembourg Malta Monaco Netherlands Norway San Marino Serbia Slovakia Spain Sweden Switzerland Turkey United Kingdom	American Samoa Australia Cook Islands Japan New Caledonia New Zealand Niue Samoa Tokelau Tonga Wallis & Futuna Islands	No exception countries