# Attachment 7 Tuberculosis (TB) Assessment Tool

All new recruits, other clinical personnel, volunteers and students are required to complete this Tuberculosis Assessment Tool along with a NSW Health Record of Vaccination for Health Care Workers and Students and Attachment 6 *Undertaking/ Declaration Form*. They should advise the NSW Health agency if they prefer to provide this information in private consultation with a clinician.
**The NSW Health agency** will assess this form and decide whether TB screening or clinical review is required.
**New recruits, other clinical personnel and volunteers** will only be permitted to commence duties if they have submitted this form to the employing NSW Health agency. Failure to complete outstanding TB requirements within the appropriate timeframe may affect their employment status.
**The education provider** must forward a copy of this form to the health service for assessment.
**Existing Category A staff, clinical personnel, volunteers and students** who spend more than 3 months in a country with high incidence of TB after their initial TB assessment must complete and submit this tool for reassessment on return to a NSW Health agency.

| **Part A** | | |
|---|---|---|
| 1. Do you currently have a cough that has lasted longer than 2 weeks? | *Yes* ☐ | *No* ☐ |
| 2. If yes, have you had any episode of haemoptysis (coughing up blood)? | *Yes* ☐ | *No* ☐ |
| 3. Have you had unexplained fever, chills or night sweats in the past month? | *Yes* ☐ | *No* ☐ |
| 4. Have you had any unexplained weight loss in the past month? | *Yes* ☐ | *No* ☐ |
| ***If you answered yes to any of the above questions, please attach relevant details on a separate page, including all results of any investigations or medical assessment you may have had it to this form.*** | | |

| **Part B** | | |
|---|---|---|
| 1. What is your country of birth? | | |
| *2.* Have you ever in your lifetime (new personnel), or since your last occupational TB Assessment (existing personnel), lived or travelled overseas? If yes, provide details | *Yes* ☐ | *No* ☐ |
| *Country* | *Duration of stay* | *Approximate dates/ year* |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| *(attach a separate page if **necessary**)* | | |
| 3. Have you ever had contact with a person known to have TB? Yes ☐ No ☐<br>If yes, detail the nature of the contact (attach separate page if necessary): | | |
| 4. Have you ever been tested for TB before? | *Yes* ☐ | *No* ☐ |
| ***If you answered yes to any of the above questions, please attach further information on a separate page, including the date and results of any previous tests for TB (including TST, IGRA, sputum culture, chest x-ray) and attach it to this form*** | | |

| **Worker/Student Declaration: I declare that the information provided on this form is correct** | |
|---|---|
| ***Full name:***_____<br>***Date of birth:*** / /<br>***Phone:*** _____<br>***Email:*** | ***Worker cost centre (if applicable):***<br>***Student ID (if applicable):***<br>***NSW Health agency /Education provider:*** |
| ***Signature:*** | ***Date:*** |