GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH

Pre-Placement SAMPLE Tuberculosis Screening for Healthcare Personnel

Personal Information

Name:		**Date:**
Home Telephone Number		
Address:		
City:	**State:**	**Zip Code:**
Country of Birth:	**Date of Birth:**	
Social Security Number:	**I am:** ☐ **Male** ☐ **Female** ☐ **Other**______________	
Work Address:		
City:	**State:**	**Zip Code:**
Job Title:	**Work Telephone Number:**	

Tuberculosis Related History

Have you ever had a positive TB skin test (Mantoux TST) or blood test (QuantiFERON / TSpot)? If Yes, When? _____________	**Yes** ☐	**No** ☐
Have you ever been diagnosed with tuberculosis? If yes: ☐ TB Disease ☐ Latent Year Treated: ____________ Treatment Duration:____________ Location:______________________ TB Medications Taken:_______________________________________	**Yes** ☐	**No** ☐
Have you ever received the bacille Calmette-Guerin (BCG) vaccine for tuberculosis? *(Note: This vaccine is not routinely provided in the U.S.)*	**Yes** ☐	**No** ☐

Risk Assessment

Have you had temporary or permanent residence (for ≥1 month) in a country with a high TB rate (i.e., any country other than Australia, Canada, New Zealand, the United States, and those in western or northern Europe)	**Yes** ☐	**No** ☐
Do you have any current or planned immunosuppression, including human immunodeficiency virus infection, receipt of an organ transplant, treatment with a TNF-alpha antagonist (e.g., infliximab, etanercept, or other), chronic steroids (equivalent of prednisone ≥15 mg/day for ≥1 month), or other immunosuppressive medication	**Yes** ☐	**No** ☐
Have you had close contact with someone who has had infectious TB disease since the last TB test	**Yes** ☐	**No** ☐

Tuberculosis Symptom Screen

Do you have any of the following?		
Cough for longer than two weeks?	**Yes** ☐	**No** ☐
Coughing up blood?	**Yes** ☐	**No** ☐
Soaking night sweats?	**Yes** ☐	**No** ☐
Weight loss without dieting?	**Yes** ☐	**No** ☐
Persistent fevers (> 100.4 F)	**Yes** ☐	**No** ☐

Healthcare Personnel Pre-placement TB Screening Sample Algorithm

New Healthcare Personnel requiring TB screening

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Conduct symptom screen, risk assessment, TB history, and TB testing

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Evaluate symptom screen?
- Negative → Previous LTBI / TB Treatment?
- Positive → Rule out active TB

Previous LTBI / TB Treatment?
- No → History of BCG Vaccine?
- Yes → Verify

History of BCG Vaccine?
- No → IGRA (preferred) or TST
- Yes → IGRA

Verify
- Not Verified → IGRA
- Verified → Return in 1 year for TB education

IGRA (preferred) or TST
- Negative → Return in 1 year for TB education
- Positive → Evaluate Risk Assessment

IGRA
- Positive → Rule out active TB, evaluate for LTBI Treatment
- Negative → Return in 1 year for TB education

Evaluate Risk Assessment
- Low → Second Test
- High → Rule out active TB, evaluate for LTBI Treatment

Second Test
- Negative → Return in 1 year for TB education
- Positive → Rule out active TB, evaluate for LTBI Treatment

For questions, please call the DC TB Control Division at the Health and Wellness Center at 202-698-4040 or 202-741-7692