Tuberculosis Risk Assessment Tool

Occupational Assessment & Screening – Queensland Health employee's candidates, Students, Contractors, & Volunteers

Important information

- You can read more information about the mandatory requirements for all workers including contractors, students, and volunteers, whose role may pose a risk to the acquisition or transmission of TB, to be assessed and screened in the Tuberculosis control protocol.
- TB risk assessment, screening, and treatment is **free through public health facilities in Queensland**. If investigations or treatment is arranged through a private provider, you may be responsible for the associated costs.

Section 1 – Privacy and collection notice and personal details

INSERT HHS or EDUCATION / CONTRACTOR PROVIDER PRIVACY AND COLLECTION NOTICE

Click to attach file

Full name			
Date of birth		Phone no.#	
Gender	☐ Female ☐ Male ☐ Non-Binary/Gender diverse ☐ I identify as:		
Address			
Email			
Place of work / Contract or education provider			

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Section 2: Risk assessment - Please answer all questions in part A, part B, & part C

Part A: Symptoms of active TB disease		
Do you currently have any of the following symptoms that are **unrelated to an existing diagnosis or condition**?	Yes	No
1. Cough for more than 2 weeks	☐	☐
2. Unexplained fevers, chills, or night sweats in the past month	☐	☐
3. Episodes of haemoptysis (coughing up blood) in the last month	☐	☐
4. Significant unexplained weight loss over the past 3 months (loss of ≥5% of your body weight)	☐	☐

Part B: Previous TB treatment, screening, or increased susceptibility	Yes	No
1. Have you ever been diagnosed and/or treated for active TB disease? If yes, state the year & country of diagnosis and/or treatment & provide relevant evidence (if available). Year _____ Country _____	☐	☐
2a. Have you ever had a positive TB blood test (e.g. QuantiFERON-TB) or skin test (TST)? If yes, please provide a copy of the result (if available).	☐	☐
2b. If yes, did you complete a course of antibiotic treatment? If yes, please provide relevant evidence of treatment (if available).	☐	☐
3. Do you have any medical conditions that affect your immune system? e.g. HIV, cancer, diabetes mellitus, chronic kidney disease, autoimmune conditions like rheumatoid arthritis.	☐	☐
4. Are you taking regular medications that supress your immune system? e.g. TNF alpha inhibitors, chemotherapy, high-dose prednisone.	☐	☐

Part C: TB exposure risk history	Yes	No
1. What is your country of birth? ☐ If born overseas, when did you move to Australia? ☐		
1a. Does your country of birth have a high incidence of TB (≥40/100,000 population)? Please check here: WHO High TB Incidence Countries	☐	☐
2. If you have previously had one or more TB blood tests (e.g. QuantiFERON-Gold) or skin tests (TST), was the most recent result negative? If yes, please provide a copy of the result. If unable to provide a valid* negative result, repeat testing is required.	☐	☐
3. Have you **ever** had direct contact with a person with infectious pulmonary (lung) TB **without** appropriate personal protective equipment (e.g., N95/P2 mask) or **without** being assessed for exposure to TB?	☐	☐
3a. Have you **ever** worked for ≥3 months in a healthcare setting personally providing care to infectious TB patients (Respiratory, Infectious Disease, or TB units), conducting respiratory procedures (e.g., bronchoscopy or induced sputum), in TB laboratories, or in mortuaries? If yes and you have completed routine TB screening for work in high-risk settings, please provide evidence (if available). If yes and no TB screening was completed or no evidence of prior screening is available, testing is required.	☐	☐
4. Have you **ever** visited or lived in any country/ies with a high incidence of TB (≥40/100,000 population) for a total time ≥3 months? Check here: WHO High TB Incidence Countries If yes, please provide the details below. If time in a high TB burden country is ≥3 months and visits/residence was after your last valid* negative TB test OR you have not completed TB screening before, testing is required.	☐	☐

Country	Year	Duration (D/W/M)	Country	Year	Duration (D/W/M)

*A valid result must meet the following criteria:

- Test results must be reported in English (or an official translation must be provided)
- No risk of exposure to TB since the test was completed
- Test must be completed before or at least 4 weeks after receiving a live injected vaccine
- Test must be administered and interpreted by an Australian TB service, pathology service, or collaborating service (e.g. Bupa Immigration services)

There is no restriction regarding test completion date if all validity criteria above are met.

Other relevant information

Please provide other relevant information to assist with determining TB risk and requirement for TB screening. E.g., Recent chest x-ray reports, previous Queensland Health TB Assessment Tool documentation.

Summary of attached information

Declaration

☐ I have read and understood the collection notice and agree to these terms.

☐ The information I have provided in this risk assessment is true and correct to the best of my knowledge.

Name:

Signature: Date:

Section 3: Risk assessment outcome - Queensland Health Internal use only

Select the appropriate TB risk assessment outcome according to TB risk assessment decision matrix:

☐ No further assessment required

☐ Previously assessed and no further assessment required

☐ Further assessment required (select the applicable option):

☐ Urgent clinical review required

☐ Routine screening required – no previous screening

☐ Routine screening required – previous screening

☐ Routine clinical review required

☐ Referral to ……TB service or referral to medical officer with TB management experience

Provide details: ……..

Clinical clearance required prior to commencing work **No ☐** **Yes ☐**

Name of assessor: Position:

Contact number: Date:

Clinical clearance provided (if required): No ☐ Yes ☐ **(attach evidence)** Date: