

Tuberculosis Risk Assessment Outcome Record

Health Worker Information

Surname _____
 Given Name _____
 Address _____
 Suburb _____ Postcode _____
 Date of Birth _____ Sex M F
 Email _____

**A copy of this form is to be provided to the applicant for their personal record of compliance with tuberculosis risk assessment. A completed copy of this form must be kept for record-keeping as per HHS procedure.
 More information: Healthcare workers and students**

Please select the appropriate pathway as required per local Hospital and Health Service procedures.

Actions required as indicated by risk assessment

Nil further assessment required

Previously assessed and no further assessment required

Additional assessment required (select the appropriate pathway as per your local HHS procedure as below).

IGRA test ordered (by Staff Health or Infection Control)

IGRA test not ordered, referral made as below

Referred toTB Control Unit (for TST or further assessment)

Referred to medical officer experienced in the management of TB at site other than TB control unit.
 Specify (name, location)

Clinical clearance **IS** required prior to commencing or continuing employment.

Clinical clearance **IS NOT** required prior to commencing or continuing employment.

Clinical clearance to commence or continue employment (if required as above) has been provided.

Health Worker (applicant)

Signature:

Name _____

Date _____

Assessment officer/ clinician

Signature:

Name _____

Position _____

Location _____

Date _____

