

## **APPENDIX D**

## TB SYMPTOM SCREENING FORM TUBERCULOSIS STATUS/IMMUNITY REQUIREMENTS FOR PHYSICIANS, ALLIED HEALTH PROFESSIONALS, AND OTHER NON-EMPLOYEES

Related Policy: SYS-IC-AIPCC-009 NON-EMPLOYEE Immunity, Health, and Infection Control Training Requirements

**Provider Recredentialing:** This form is required to be completed on recredentialing for physicians and allied health professionals with a history of or new positive tuberculosis skin test or QFT result.

## SYMPTOM SCREENING FOR NON-EMPLOYEES WITH POSITIVE TUBERCULOSIS SKIN TEST (TST)/QFT

A positive reaction to a TB Skin test or blood test (QFT) usually means you have been infected with TB in the past. Inactive TB bacteria can sometimes develop into active TB disease. Therefore, a periodic symptom survey is required to ensure you are not infectious.

If you have a new positive TB skin test or blood test since your initial credentialing it should be reported to Employee Occupational Health at (612) 262-4490.

weakness/lethargy, unexplained weight loss and unexplained fever.

Have you experienced one or more of the TB symptoms listed below in the past 12 months?

No
Yes (check any of the following symptoms you have had within the past 12 months)
Unexplained cough for more than 3 weeks
Coughing up blood
Night sweats
Weakness/lethargy
Unexplained weight loss
Unexplained fever

TB symptoms: Unexplained cough for more than 3 weeks, coughing up blood, night sweats,

## **Definitions:**

A positive Mantoux (TST) is defined as:

- 5 mm of induration recent contacts of tuberculosis case patients
- $\geq$  10 mm of induration recent immigrants (i.e., within last five (5) years from high prevalence countries); persons with chronic illnesses
- $\geq$  15 mm of induration Persons with no risk factors for tuberculosis

Positive TB blood test: A positive QuantiFERON or T-SPOT test result.

I certify that the above information is correct.

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Name (print)			D or A number:	
Signature		Date		