

Texas Department of State Health Services  
**Annual Tuberculosis (TB) Assessment for Health Care Personnel**

*This form is intended for use when assessing home care employees for annual TB screening.*

**Employee Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Reason for assessment:**

☐ **Annual assessment recommended (select reason):**

☐ Employee has untreated TB infection (Complete section 1 and 3 ONLY).

☐ Employee has occupational/other risk factors. Specify: \_\_\_\_\_

☐ **Employee was exposed to infectious TB** (report to [Local/Regional Health Department](#)).

**Section 1: TB Signs & Symptoms Assessment**

Date assessed: \_\_\_\_\_

**Do you currently have any of the following signs or symptoms of TB disease?**

☐ Cough lasting 3 weeks or longer

☐ Coughing up blood

☐ Night sweats

☐ Unexplained weight loss

☐ Fever/chills for no known reason

☐ Fatigue

☐ None of the above apply

Persons with any of the above signs and/or symptoms of TB need further evaluation. This includes a TST/IGRA (unless there is documentation of previous positive results), a chest x-ray, and full medical exam (sputum collection may be recommended). Employee may not return to work until cleared.

**Section 2: Individual Risk Assessment**

Date assessed: \_\_\_\_\_

1. Have you traveled outside the United States for more than 1 month since your last TB screening? ☐ Yes ☐ No

2. Have you been in close contact with someone who has had infectious TB disease since your last TB test? ☐ Yes ☐ No

3. Do you have any medical risk factors\* for progression from latent TB infection to active TB disease, if infected?  
These include:

- HIV infection (the virus that causes AIDS)
- Receipt of an organ transplant
- Treatment with medications called TNF-alpha antagonists (e.g., infliximab, etanercept, or others), which lower the immune system
- Chronic steroids (equivalent of prednisone  $\geq 15$  mg/day for  $\geq 1$  month)
- Specialized treatment for rheumatoid arthritis or Crohn's disease, or other immunosuppressive medications

☐ **Yes**, one or more of the above listed in 1-3 applies

☐ **No**, none of the above listed in 1-3 apply

**Results of the Individual Risk Assessment in after hire screening is used to interpret test results of the TST or IGRA. If Yes is selected:** HCP may have an increased risk of TB. **If No is selected:** HCP is considered low risk for TB infection. For interpreting results of the TST or IGRA according to risk, refer to: [www.cdc.gov/tb/publications/factsheets/testing/skintesting.htm](http://www.cdc.gov/tb/publications/factsheets/testing/skintesting.htm)

**Office Use ONLY**

**Section 3: Results of Assessments**

☐ Further testing with a TST, IGRA, CXR, or medical evaluation is needed

☐ Annual Assessment Complete

☐ No further follow up besides education needed: HCP has untreated TB infection and no symptoms of TB disease (section 1).