

Occupational Assessment Screening and Vaccination Against Specified Infectious Diseases

APPENDICES



Part C: TB exposure risk history						
The following questions explore possible exposure to TB						
1.	In what country were you born?	AMERICA				
	If born overseas, in what year did you migrate to Australia?	2001				
	Is your country of birth on the list of high TB incidence countries?	Yes	No			
2.	For a list of high TB incidence countries, please go to https://www.health.nsw.gov.au/Infectious/tuberculosis/Pages/high-incidence-countries.aspx		✓			
3.	Have you spent a total of three (3) months or more visiting or living in any country/ies with a high TB incidence? e.g. 2 months in country A + 1 month in country B = 3 months cumulative	✓				
If Yes, please list below the countries you have visited, the year of travel and duration of stay						
	Country visited	Year of travel	Duration of stay (please specify d/w/m)	Country visited	Year of travel	Duration of stay (please specify d/w/m)
	South Africa	2011	1 month			
	Sri Lanka	2012	1 month			
	South Korea	2013	1 month			
4.	Have you had direct contact with a person with pulmonary TB whilst infectious and where you were not wearing a P2/N95 mask?	Yes	No ✓			
<p>If Yes to any of the questions in Part C, a record of TB infection status after the latest TB exposure risk is required.</p> <p>The accepted tests are:</p> <ul style="list-style-type: none"> x Interferon Gamma Release Assay (IGRA) blood test. This test can be ordered by your doctor – pathology fees will apply. Blood draw for IGRA must be prior to or at least 4 weeks after a live vaccine, for example MMR or Varicella vaccination; or x Tuberculin Skin Test (TST) performed at a specialist TB Service/Chest Clinic - requires 2-4 visits and there may be a cost involved. TST must be prior to or at least 4 weeks after a live vaccine, e.g. MMR or Varicella vaccination. <p>If the TB screening test is negative and there are no additional steps indicated by Part B of this assessment, TB compliance can be granted and clinical placement/employment can be attended.</p> <p>If the TB screening test is positive, a chest X-ray and TB Clinical Review is required – please contact the TB Service/Chest Clinic recommended by the Health Agency undertaking this TB assessment. Clearance from TB Service/Chest Clinic is required before commencing clinical placement/employment See link to list of clinics and contact numbers below. There is no out-of-pocket expense for treatment of TB disease or LTBI in public health facilities in New South Wales.</p> <p>NOTE that any possible exposure to TB after this screening i.e. via overseas travel or workplace exposure, must be declared and another TB self-assessment tool must be re-submitted to your manager / education provider.</p>						
Your Personal Information						
Family Name	FLINTSTONE	Given Name(s)	PEBBLE			
Date of Birth	20 / 01 / 1993	Phone number	0400 001 001			
Address	1/91 GROSE STREET, PARRAMATTA NSW 2150					
Email	pflintstone@health.com					
Education Provider OR Employer	Western Sydney University	Student/Employee ID	UB2002000			
Course/Module of Study OR Place of Work						
Signature and Date	Pebbles Flintstone		28 / 10 / 2020			

NSW TB Services/Chest Clinics & contact numbers: <https://www.health.nsw.gov.au/Infectious/tuberculosis/Pages/chest-clinics.aspx>