

For Occupational Health use only

Surname: _____ First name: _____

Initial assessment

	Yes	No		Yes	No
Mantoux test required	<input type="checkbox"/>	<input type="checkbox"/>	To discuss with OHP	<input type="checkbox"/>	<input type="checkbox"/>
Quantiferon TB test (IGRA) required	<input type="checkbox"/>	<input type="checkbox"/>	OHP appt required	<input type="checkbox"/>	<input type="checkbox"/>
Chest X-ray required	<input type="checkbox"/>	<input type="checkbox"/>	Screening complete	<input type="checkbox"/>	<input type="checkbox"/>

OHA/OHCN/OHT signature: _____ Name stamp: _____

Date: _____

Before repeat IGRA test

Since your last IGRA test have you had:	Y	N	<i>If yes to any of the questions please give dates and details:</i>
<ul style="list-style-type: none"> • a cough lasting for more than 3 weeks? • weight loss for no obvious reason? • a persistent fever? • heavy night sweats? • fatigue or a general or unusual sense of tiredness? • loss of appetite? • coughing up blood (haemoptysis)? • swollen glands or joints? • recurrent/persistent kidney/bladder infections? 	<input type="checkbox"/>	<input type="checkbox"/>	
Any current immunosuppressive medication/health condition?	<input type="checkbox"/>	<input type="checkbox"/>	
Any vaccinations within the last four weeks?	<input type="checkbox"/>	<input type="checkbox"/>	

Student/employee signature: _____ Date: _____

Before repeat IGRA test

Since your last IGRA test have you had:	Y	N	<i>If yes to any of the questions please give dates and details:</i>
<ul style="list-style-type: none"> • a cough lasting for more than 3 weeks? • weight loss for no obvious reason? • a persistent fever? • heavy night sweats? • fatigue or a general or unusual sense of tiredness? • loss of appetite? • coughing up blood (haemoptysis)? • swollen glands or joints? • recurrent/persistent kidney/bladder infections? 	<input type="checkbox"/>	<input type="checkbox"/>	
Any current immunosuppressive medication/health condition?	<input type="checkbox"/>	<input type="checkbox"/>	
Any vaccinations within the last four weeks?	<input type="checkbox"/>	<input type="checkbox"/>	

Student/employee signature: _____ Date: _____