

HSC – Pre-Placement Tuberculosis Screening

First Name:	DOB:
Surname:	Post Title:
	Work Base:

Risk Assessment

Any known contact with Tuberculosis	Yes	No
Any personal or family history of Tuberculosis	Yes	No
If the answer is yes to any of the above please detail:		

Travel

Have you travelled, lived or worked outside the UK or Ireland in the past five years?	Yes	No
If yes where did you travel to and for how long?		
What was the purpose of the travel ?(holiday, working, visiting family)		

Signs and Symptoms Enquiry

Persistent cough	Yes	No
Coughing up sputum of phlegm	Yes	No
Coughing up blood	Yes	No
Unexplained weight loss	Yes	No
Unexplained high temperature or fever	Yes	No
Other persistent unexplained symptoms	Yes	No
If the answer is yes to any of the above please detail:		

I confirm that I have received written advice regarding the signs and symptoms of Tuberculosis and the need to report these promptly to Occupational Health should any occur.

Signed: _____ Date _____

For Official Use Only

Action:
OHNP: