

Tuberculosis (TB) Screening for Staff WORKSHEET FOR CENTRAL OFFICE

Date: _____ District/Charter: _____ School: _____ DOE Staff: _____

Directions:

1. Complete a form for each school included in the audit.
2. Ask for a 2009-10 staff roster for each school.
3. Complete the information below for two (2) randomly selected school staff members.
4. Positive TB test results are recorded as "positive" or in millimeters. "0 millimeters is a negative test result. Greater than 0 is considered a positive result. If unsure of test results, obtain a copy for review. The name of the staff should be removed.

Staff Member 1

1. What is the staff member's date of hire?				
2. Are TB test results available for review?	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>
If "NO" to #2,				
A. Is there on file a religious waiver statement that Tuberculosis Testing is against the person's religious beliefs?	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>
B. Is the waiver notarized?	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>
C. Is the waiver dated within 15 days of the hire data?	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>
D. Is a <i>TB Health Questionnaire for School Employees</i> , dated within 15 days of the hire date, on file?	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>
E. Does the <i>TB Health Questionnaire for School Employees</i> indicate the need for further evaluation?	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>
If "YES" to "E" above, is follow-up documentation on file?	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>
If "YES" to #2,				
A. Is a TB filed with other medical data (if on file)?	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>
B. Is the TB test a Mantoux test? If no, indicate test type: _____	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>
If "YES" to "B" above,				
a. What are the results?	NEGATIVE	<input type="checkbox"/>	POSITIVE	<input type="checkbox"/>
b. If POSITIVE, is follow-up documentation on file?	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>
C. If the hire date (#1) is prior to 8/15/2004, is the <i>TB Health Questionnaire for School Employees</i> on file?	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>
a. Does the <i>TB Health Questionnaire for School Employees</i> indicate the need for further evaluation?	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>
If YES to "a" above, Is follow-up documentation on file?	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>

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Staff Member 2

1. What is the staff member's date of hire?				
2. Are TB test results available for review?	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>
If "NO" to #2,				
A. Is there on file a religious waiver statement that Tuberculosis Testing is against the person's religious beliefs?	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>
B. Is the waiver notarized?	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>
C. Is the waiver dated within 15 days of the hire data?	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>
D. Is a <i>TB Health Questionnaire for School Employees</i> , dated within 15 days of the hire date, on file?	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>
E. Does the <i>TB Health Questionnaire for School Employees</i> indicate the need for further evaluation?	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>
If "YES" to "E" above, is follow-up documentation on file?	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>
If "YES" to #2,				
A. Is a TB filed with other medical data (if on file)?	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>
B. Is the TB test a Mantoux test? If no, indicate test type: _____	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>
If "YES" to "B" above,				
c. What are the results?	NEGATIVE	<input type="checkbox"/>	POSITIVE	<input type="checkbox"/>
d. If POSITIVE, is follow-up documentation on file?	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>
C. If the hire date (#1) is prior to 8/15/2004, is the <i>TB Health Questionnaire for School Employees</i> on file?	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>
b. Does the <i>TB Health Questionnaire for School Employees</i> indicate the need for further evaluation?	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>
If YES to "a" above, Is follow-up documentation on file?	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>