TB Document F: State of Hawaii TB Clearance Form

Hawaii State Department of Health
Tuberculosis Control Program

Patient Name	DOB	TB Screening Date

I have evaluated the individual named above using the process set out in the DOH TB Clearance Manual dated 1/10/2024 and determined that the individual does not have TB disease as defined in section 11-164.2-2, Hawaii Administrative Rules.

I. Screening for schools, child care facilities, or food handlers *(TB Document A or E)*

☐ Negative TB risk assessment
☐ Negative test for TB infection: TST: mm, date read: ; or QFT (date:)
☐ Positive test for TB infection: TST: mm, date read: ; or QFT (date:)
and negative chest X-ray (date:)

II. Initial Screening for Health Care Facilities or Residential Care Settings (*TB Document B or C)*

☐ Negative Risk Assessment: Children 1-17 yrs old, who are household members in residential care settings
☐ Negative test for TB infection (2-step):
☐ New positive test for TB infection:
☐ Previous positive test for TB infection, negative symptoms screen and negative CXR within previous 12 mos: Date of CXR:
☐ Previous positive test for TB infection, and negative CXR: Date of CXR:

III. Annual Screening for Health Care Facilities or Residential Care Settings (*TB Document D)*

☐ Negative risk assessment (children 1-17 yrs old, who are household members in residential care settings)
☐ Negative test for TB infection: TST: mm, date read ; or QFT (date:)
☐ New positive test for TB infection: TST: mm, date read: ; or QFT (date:)
and negative chest X-ray (date:)
☐ Previous positive test for TB infection and negative symptoms screen

Signature or Unique Stamp of Practitioner: _____

Printed Name of Practitioner: _____

Healthcare Facility: _____
Address: _____
Phone Number: _____ Fax: _____

This TB clearance provides a reasonable assurance that the individual listed on this form was free from tuberculosis disease at the time of the exam. This form does not imply any guarantee or protection from future tuberculosis risk for the individual listed.

TB Document G: State of Hawaii TB Risk Assessment for Adults and Children

Hawaii State Department of Health
Tuberculosis Control Program

1. Check for TB symptoms

- If there are significant TB symptoms, then further testing (including a chest x-ray) is required for TB clearance.
- If significant symptoms are absent, proceed to TB Risk Factor questions.

☐ Yes ☐ No	**Does this person have significant TB symptoms?** Significant symptoms include <u>cough for 3 weeks or more</u>, **PLUS** least one of the following: ☐ Coughing up blood ☐ Fever ☐ Night sweats ☐ Unexplained weight loss ☐ Unusual weakness ☐ Fatigue

2. Check for TB Risk Factors

- If any "Yes" box below is checked, then TB testing is required for TB clearance
- If all boxes below are checked "No", then TB clearance can be issued without testing

☐ Yes ☐ No	**Was this person born in a country with a high TB case rate (refer to TB Document J)?** (eg. Not born in the United States, Canada, Australia, New Zealand, Western Europe, Northern Europe, or Japan.)
☐ Yes ☐ No	**Has this person traveled to (or lived in) a country with a high TB case rate for four weeks or longer?**
☐ Yes ☐ No	**At any time has this person been in contact with someone with *infectious TB disease*?** **(Do not check "Yes" if exposed only to someone with latent TB)**
☐ Yes ☐ No	**Does this person have a health problem that affects the immune system, or is medical treatment planned that may affect the immune system?** *Includes HIV/AIDS, organ transplant recipient, treatment with TNF-alpha antagonist (e.g. Humira, Enbrel, Remicade), or steroid medication for a month or longer.*
☐ Yes ☐ No	**For children under age 16: Someone born in a country with a high TB case rate (eg. Not born in the United States, Canada, Australia, New Zealand, Western Europe, Northern Europe, or Japan) is living or has lived in the same household.**

Provider Name with Licensure/Degree:	**Person's Name and DOB:**
Assessment Date:	**Name and Relationship of Person Providing Information (if not the above-named person):**