

Employee Name: _____ Date: _____

Employee Signature: _____

**Delaware Department of Education
CONFIDENTIAL TUBERCULOSIS (TB) HEALTH QUESTIONNAIRE
FOR SCHOOL EMPLOYEES¹**

The Delaware Department of Education Regulation 805² requires all school employees to provide Tuberculosis (TB) Test results during the first 15 days of employment and to be re-screened every five years. This form can be used for the following: required screening of all³ personnel every 5th year, by October 15; routine follow-up screening; or screening of a new employee, who has moved to a new district within the 5 year period. This document shall be retained in the same manner as other confidential personnel medical information. This document cannot be used in lieu of TB testing for a new employee. The employee may prefer to provide evidence of TB testing in lieu of completing the questionnaire.

Please consider the following questions and circle only ONE response in the box below⁴

| Can you answer "yes" to any of the questions below? | |
|---|---|
| <ol style="list-style-type: none"> 1. In the past five years, have you lived or been in close⁵ contact with anyone who had active, infectious TB disease? 2. Do you currently have any of the following symptoms which are unexplained and which have lasted at least three weeks? <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Cough Fever </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Night sweats Weight loss </div> 3. Have you ever had a positive HIV test? 4. In the past five years, have you ever used illegal intravenous drugs? 5. In the past five years, have you been incarcerated? 6. In the past five years, have you been homeless which resulted in living in a shelter or with others outside of your family, who were homeless? 7. For the next two questions, refer to the TB-Endemic Countries list provided by the Delaware Division of Public Health. <ul style="list-style-type: none"> • In the past five years, have you stayed/lived in one of these countries for 1 month or longer? • In the past five years, have you lived or been in close contact with someone who stayed/lived in one of these countries for 1 month or longer? | <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> |

If you checked YES, you are required (within 2 weeks) to provide verification from a licensed health care provider or the Division of Public Health that there is no communicable threat.

| |
|--|
| Have you ever had a positive skin test for tuberculosis? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If you checked <u>yes</u>, you are <u>required</u> to provide documentation related to current disease status prior to your assignment or continued assignment as an employee. If you have provided documentation of completing treatment for active or latent infection, no further documentation is required. |

If you have any questions about your risk of infection, please speak with your healthcare provider or contact the Delaware Division of Public Health TB Elimination Program at 302-744-1050.

¹Developed and revised in collaboration with the Delaware Division of Public Health: 2/2005, 7/2010, 7/2013, 5/2015.

²Regulation 805 can be accessed at <http://www.state.de.us/research/AdminCode/title14/800>.

³Anyone with a previous positive TB test shall provide updated information regarding disease status and treatment to the public school by October 15 every fifth year if the prescribed treatment was previously contraindicated, incomplete or unknown.

⁴To maintain confidentiality of medical information, the employee should not provide an individual answer to each question. The employee's response of "yes" indicates that at least *one* of the seven questions is correct, which means a possible exposure. The employee should not indicate which one. The employee may prefer to provide evidence of TB testing in lieu of completing the questionnaire.

⁵CDC describes "close contact" as prolonged, frequent, or intense contact with a person with TB, while he/she was infectious.