ROCHESTER REGIONAL HEALTH

Annual Health, Tuberculosis & Respiratory Protection Screening – Medical Staff Members & Affiliates

If you are employed by RRH: *complete your annual health screening through the Employee Health Services website:* ***https://rrh.enterprise.health/***

_____ , _____ , _____ _____

Last Name First Name Degree NPI #

Annual Health Review and Tuberculosis Screening

Please answer all questions below:

1. Have you experienced any injury or illness that would interfere with your ability to perform any core functions of your job?
   Yes ◯ No ◯
2. Have you experienced a change in your facial contours that could affect the fit of your respirator (growth of facial hair, change in facial anatomy, etc.)?
   Yes ◯ No ◯
3. Have you experienced any impairment of your heart or lung function that could affect your ability to work while wearing a respirator?
   Yes ◯ No ◯
4. Do you have a new cough?
   Yes ◯ No ◯
5. Do you have difficulty breathing at rest?
   Yes ◯ No ◉
6. Do you have difficulty breathing at activity?
   Yes ◯ No ◯
7. Do you have chest pain at rest?
   Yes ◯ No ◯
8. Do you have chest pain at activity?
   Yes ◯ No ◯
9. Has your health status changed to the point where you require accommodation to carry out the core functions of your job?
   Yes ◯ No ◯
10. Are you concerned that you have a habituation or addiction to depressants, stimulants, narcotics, alcohol or other substances which may alter your ability to perform your job?
    Yes ◯ No ◯
11. Have you experienced any of the following symptoms in the past year?

a.	A productive cough for more than 3 weeks?	Yes ◯	No ◉
b.	Hemoptysis (coughing up blood)?	Yes ◉	No ◉
c.	Unexplained weight loss?	Yes ◉	No ◉
d.	Fever, chills or night sweats for no known reason?	Yes ◯	No ◯
e.	Persistent shortness of breath?	Yes ◯	No ◯
f.	Unexplained fatigue?	Yes ◯	No ◯
g.	Chest pain?	Yes ◉	No ◉

Explain any yes responses:

Respiratory Protection Program Screening

1. Has your supervisor identified you as needing to be fit tested for respiratory protective equipment?
   Yes ◯ No ◯
2. Are you are concerned that in your role you may be exposed to any of the following: measles, varicella, tuberculosis, or close, extended exposure to COVID-19?
   Yes ◯ No ◉
3. Do you wish to be fit tested for respiratory protective equipment?
   Yes ◯ No ◯

If you answered "Yes" above you must schedule an appointment with RRH's Work Ready department (contact any location listed below) to complete the Fit Testing Process.

Clifton Springs Hospital and Clinic Phone:
(315) 462-1560
E-mail: CSHEHS@rochesterregional.org

WorkReady-Culver Road
Phone: (585)922-4173
E-mail: EHS@rochesterregional.org

Newark Wayne Community Hospital
Phone: (315) 332-2423
E-mail: NWCHEHS@rochesterregional.org

Rochester General Hospital
Phone: (585) 922-4026
E-mail: EHS@rochesterregional.org

St. Lawrence Health
Phone: (315) 261-6203
E-mail: EmployeeHealth@cphospital.org

United Memorial Medical Center
Phone: (585) 344-4800 Option 4 then option 3
E-mail: UMMCEHS@rochesterregional.org

Unity EHS office
Phone: (585) 723-7880
E-mail: UEHS@rochesterregional.org

Attestation & Signature

I attest that I am free from health impairments which pose potential risk to patients or personnel or which may interfere with the performance of duties.

_____ _____

Signature Date

Please submit the completed form to centralcredentialing@rochesterregional.org

The following pages are informational only; they do not need to be completed or submitted to the RRH Centralized Credentialing Office/Medical Staff Offices.

disease for your immune system to produce a response to the test. If you have a negative result and it has been less than 8 weeks since you were last exposed to TB disease, you may need to get a second test. Your health care worker will let you know if you need another test.

What if my test is positive?

A positive test usually means that you have been infected with the TB germs. It does not mean that you have TB disease. Other tests, such as a chest x-ray or sputum (phlegm) sample, are needed to see if you have TB disease.

What if I had the BCG vaccine?

BCG is a vaccine for TB. This vaccine is not widely used in the United States, but it is often given to infants and small children in other countries where TB is common. The BCG vaccine is not very good at protecting adults against TB. You can still get TB infection or TB disease even if you were vaccinated with BCG. You will need a TB test to see if you have latent TB infection or TB disease.

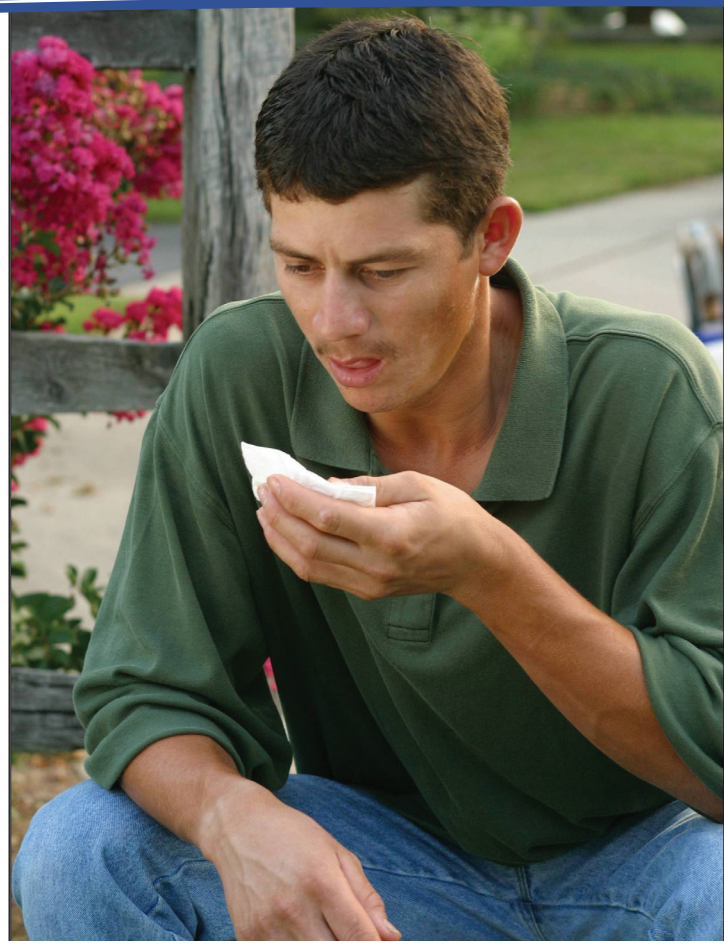
In some people, BCG may cause a positive skin test even if they are not infected with the TB germs. Unlike the TB skin test, TB blood tests are not affected by BCG. The TB blood tests are less likely to give a false-positive result in people who have received BCG.

What should I do if I have latent TB infection or TB disease?

Get the required follow-up tests. Follow your doctor's advice and take the medicine as prescribed. Both latent TB infection and TB disease can be treated with medication.

For further information on TB, contact your local health department:
www.cdc.gov/tb/links/tboffices.htm.

Or visit: CDC Division of Tuberculosis Elimination website at
www.cdc.gov/tb.



TUBERCULOSIS:
GET THE FACTS!

CS260871A

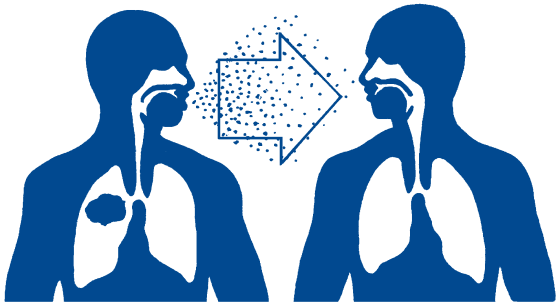
U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

What is tuberculosis?

Tuberculosis (TB) is a disease that usually affects the lungs. TB sometimes affects other parts of the body, such as the brain, the kidneys, or the spine. TB disease can cause death if it is not treated.

How is TB spread?

TB germs are spread from person to person through the air. TB germs are put into the air when a person with TB disease of the lungs or throat coughs, sneezes, laughs, or sings. People nearby may breathe in the TB germs and become infected. TB is NOT spread by sharing silverware or cups, or sharing saliva when kissing someone.



What is the difference between latent TB infection and TB disease?

Latent TB infection

Not everyone infected with TB germs gets sick. People who are infected, but are not sick, have what is called latent TB infection. People with latent TB infection have TB germs in their body, but they are not sick because the germs lie dormant (sleeping) in their body.

People with latent TB infection do not have symptoms and cannot spread the germs to others. However, these people may develop TB disease in the future. To prevent developing TB disease, people with latent TB infection can take medicine.

TB disease

People with TB disease are **sick** from the large number of TB germs that are active in their body. They usually have one or more of the symptoms of TB disease. People with TB disease often feel weak or sick, lose weight, have fever, and have night sweats. If TB disease is in their lungs, they may also cough and have chest pain, and they might cough up blood. Other symptoms depend on what part of the body is affected by the TB germs.

People with TB disease may spread TB germs to others. TB disease needs to be treated with medicine. If NOT treated, a person with TB disease can have serious health problems and die.

Who is more likely to develop TB disease?

Once a person has TB infection, he or she has a higher chance of developing TB disease if the person

- Has HIV infection;
- Is younger than 5 years old;
- Was infected with TB germs within the last 2 years;
- Has other health problems, like diabetes, that make it hard for the body to fight germs;
- Abuses alcohol or drugs; or
- Was not treated correctly for TB disease in the past.

How can I tell if I have TB?

Get a TB skin test or TB blood test. If you have a positive result to either of the tests, you will be given other tests to see if you have latent TB infection or TB disease.

Where can I get a TB test?

You can get a TB skin test or blood test from your doctor or the local health department.

How are the TB tests given?

For a TB skin test, a health care worker uses a small needle to put some fluid, called tuberculin, just under your skin. This is usually done on the lower inside part of your arm. After you get the test, you must return in 2 to 3 days to see if there is a reaction to the test. If there is a reaction, the size of the reaction is measured to determine if you have a positive result.

If you receive the blood test, a sample of your blood will be taken to do the test. Your health care worker will tell you how to get the results of your test.

What if my test is negative?

A negative test usually means you are not infected with TB germs. However, the test may be falsely negative if your immune system is not working properly or if you were infected recently. This is because it usually takes 2 to 8 weeks after exposure to a person with TB

Health Care Personnel (HCP)
Baseline Individual TB Risk Assessment

HCP should be considered at increased risk for TB if any of the following statements are marked "Yes":

Temporary or permanent residence of ≥1 month in a country with a high TB rate

Any country other than the United States, Canada, Australia, New Zealand, and those in Northern Europe or Western Europe

YES ☐ NO ☐

OR

Current or planned immunosuppression,

including human immunodeficiency virus (HIV) infection, organ transplant recipient, treatment with a TNF-alpha antagonist (e.g., infliximab, etanercept, or other), chronic steroids (equivalent of prednisone ≥15 mg/day for ≥1 month) or other immunosuppressive medication

YES ☐ NO ☐

OR

Close contact with someone who has had infectious TB disease since the last TB test

YES ☐ NO ☐

Abbreviations: HCP, health-care personnel; TB, tuberculosis; TNF, tumor necrosis factor.

Individual risk assessment information can be useful in interpreting TB test results (see Lewinsohn DM, Leonard MK, LoBue PA, et al. Official American Thoracic Society/Infectious Diseases Society of America/Centers for Disease Control and Prevention Clinical Practice Guidelines: Diagnosis of tuberculosis in adults and children. Clin Infec Dis 2017;64:111–5).

Adapted from: Risk assessment form developed by the California Department of Health, Tuberculosis Control Branch.

Sosa LE, Njie GJ, Lobato MN, et al. Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019. MMWR Morb Mortal Wkly Rep 2019;68:439–43. https://www.cdc.gov/mmwr/volumes/68/wr/mm6819a3.htm?s_cid=mm6819a3_w

TUBERCULOSIS TESTING + TREATMENT OF U.S. HEALTH CARE PERSONNEL

Centers for Disease Control and Prevention
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention