

Licensing Division (LD)

## **Tuberculosis (TB) Screening for Group Care**

Anyone applying to work at a group care facility must complete this TB screening form. This is required by WAC 110-145-2650 to make sure TB infections are not passed on to children and youth in care.

### Active TB Screening

Select one:

I don't have any signs of active lung TB, like coughing (especially if lasting for 3 weeks or longer with or without phlegm production), coughing up blood (hemoptysis), chest pain, loss of appetite, unexplained weight loss, night sweats, and fever. Or if I do have any of the above listed symptoms, they have been determined by a medical care provider to be caused by another medical problem and NOT due to TB.

I have one or more of the above signs or symptoms of active TB. They are not caused by any other health problems. I agree to get a medical check-up to make sure I don't have active TB. ***Please provide physician's statement to the group care facility where you are applying.***

### Latent TB Screening

**Risk factors:**

- I was born in, lived in, or traveled for a month or more to a country where TB is common (includes most countries in Latin America, the Caribbean, Africa, Asia, Eastern Europe, and Russia).
- I have a medical problem that weakens the immune system or am prescribed medication that intentionally suppresses the immune system.
- I have been in close contact with someone who has active TB during my lifetime.
- I have latent TB.

Select one:

**I have one or more of the risk factors (listed above).** I agree to obtain a TB test (Purified Protein Derivative (PPD) or blood test) to exclude latent TB. ***Please provide test results to the group care facility where you are applying.***

**I have none of the risk factors (listed above)**

I know I have latent TB and agree to provide documentation from a medical provider excluding active TB. ***Please provide documentation to the group care facility where you are applying.***

### Signature

Applicant Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_