

The College of Public Health Tuberculosis (TB) Exposure Statement and UIHC Health Care Compliance (HCC)

Department: _____

Appointment date: _____

Employee: _____

Title or Job Code: _____

PART I: TB EXPOSURE

Part I provides documentation specifying the job duties that may place an employee at risk of occupational TB exposure.

1. The following job duties create a potential for occupational exposure to TB. If the above named employee does work that involves contact with research subjects or works with patients or in a patient care, clinical laboratory, or other clinic setting, he or she is **at risk** for exposure to TB. If so, check the box below:

- The above employee is **at risk** for exposure to TB.

At risk employees will be contacted by CPH Health and Safety Coordinator regarding additional requirements of the CPH TB Exposure Control Plan including but not limited to TB skin test, medical clearance for respirator use and respirator fit testing.

2. If the employee has no contact with research subjects, does not work with patients or in a patient care, clinical laboratory, or other clinic setting, he or she is **not at risk** for exposure to TB. If so, check the box below:

- The above employee is **not at risk** for exposure to TB.

PART II: HEALTH CARE COMPLIANCE

Part II provides documentation specifying which employees work in UIHC and therefore need to complete Health Care Compliance training.

- Check this box if the above employee **does** perform work in UIHC *clinics or patient care areas*.

Work locations: Room Number & Department: _____

- Please check this box if above employee **does not** perform work in UIHC clinics or patient care areas.

Supervisor signature _____ Date _____