**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 employee does work that involves contact with research subjects or works with patients in a patient care, clinical laboratory, or other clinic setting, he/she is **at risk** for exposure to TB. If so, check the box below:

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

*At risk employees should contact their supervisor regarding additional requirements including but not limited to TB skin test, medical clearance for respirator use and respirator fit testing.*

1. 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/she is **not at risk** for exposure to TB. If so, check the box below:

The 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 employee **does** perform work in UIHC *clinics or patient care areas.*

Work locations (room, building, and department): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check this box if the employee **does not** perform work in UIHC *clinics or patient care areas*.

Supervisor signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_