TB Infection Control Staff Risk Assessment Log

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| Name of staff member or unique personnel number | Category of worker | Date of assessment | Do you have symptoms of TB? (Y/N) | Do you know your HIV status? (Y/N) | Do you know that if you are HIV + INH prophylaxis will reduce your chances of developing TB disease? (Y/N) | Staff member requested referral for further investigation? (Y/N) |
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