

CHECKLIST/SELF DECLARATION - MRSA/TUBERCULOSIS

The form must be delivered to your leader before you start working at the hospital, and must be filled in again in case of incidents of danger of infection of tuberculosis/MRSA.

Name:	Personal id number 11 digits/date of birth:
Clinic/department/unit:	Position:
Adress (private):	Postal number and place/city:
Phone at work:	Private phone/mobile phone:
Date of employment :..... Permanent position <input type="checkbox"/> temporary position <input type="checkbox"/> visiting <input type="checkbox"/> student <input type="checkbox"/>	
Previous work at St. Olav's hospital, department/clinic and period:	

Tuberculosis:		MRSA (Methicillin-Resistant Staphylococcus Aureus):	
1. Have you been exposed to tuberculosis at work or privately?	Yes <input type="checkbox"/> Year..... No <input type="checkbox"/> If yes, test results from the follow-up must be enclosed.	6. During the last 12 months, have you:	
2. Do you have typical symptoms of tuberculosis? (cough lasting over 3 weeks, expectorate, fever and weightloss)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Been diagnosed with MRSA?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Have you worked/had practice at hospitals or other health care services in countries with high occurrence of tuberculosis?	Yes <input type="checkbox"/> Year..... No <input type="checkbox"/> Which country:..... Test results from tuberculosis testing <u>after</u> return to Norway must be enclosed.	Lived in the same household as anyone who has been diagnosed with MRSA?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. During the last 3 years, have you stayed for at least 3 months in a country with high occurrence of tuberculosis?	Yes <input type="checkbox"/> Year..... No <input type="checkbox"/> Which country:..... Test results from tuberculosis testing <u>after</u> return to Norway must be enclosed.	Had close contact with people who have been diagnosed with MRSA, without using protective equipment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Are you born or raised in a country with high occurrence of tuberculosis? (See the backside of this paper.)	Yes <input type="checkbox"/> Year..... No <input type="checkbox"/> Which country:..... Test results from tuberculosis testing <u>after</u> return to Norway must be enclosed.	Worked in or been a patient in a health institution or had a policlinic examination/treatment in a health service in other countries than the Nordic countries (Norway, Sweden, Denmark, Finland and Iceland)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Lived in an orphanage or a refugee camp outside the Nordic countries?	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Stayed for more than 6 weeks continuously in countries other than the Nordic countries, and do you have clinical symptoms of a skin/wound infection, chronic skin disease or implanted medical equipment which penetrates skin or mucous membranes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
		7. Have you previously been diagnosed with MRSA?	Yes <input type="checkbox"/> No <input type="checkbox"/>
		8. If you answered yes on question no. 7: Have you had 3 negative MRSA tests after you were diagnosed with MRSA?	Yes <input type="checkbox"/> No <input type="checkbox"/>

I confirm that the the information I have given is correct. If I am exposed to contamination later, it is my duty to take the required tests, and also to inform my leader. If you have answered yes to any of the questions (except question number 1), test results from tuberculosis / MRSA testing must be enclosed this form/checklist. If you do not have documentation, contact the Department of Occupational Health and Environment (Arbeidsmiljøavdelingen) at St. Olav's Hospital. Phone number +47 725 71313. Bring this form with you.

Date:	Signature by employee:
Tuberculosis test performed and approved. Date/place:	MRSA test (nose and throat) performed and approved. Date/place:

Signature by leader: _____ (To be scanned in personnel file 1.)