

CHECKLIST/SELF DECLARATION FOR STUDENTS - MRSA/TUBERCULOSIS

Must be presented together with other documentation upon start of practice at hospital or health- and care services.

Name:		Personal id number 11 digits / date of birth:	
Address (private, in Norway)		Mobile number:	
University/college:		Type of student/profession:	
Tuberculosis:		MRSA (Methicillin-Resistant Staphylococcus Aureus):	
1. Have you been immunized with BCG against tuberculosis? <small>This is recommended for medical personnel. Contact the office of vaccination and infection control of the municipality of Trondheim.</small>	Yes <input type="checkbox"/> Year..... No <input type="checkbox"/>	7. During the last 12 months, have you: - been diagnosed with an MRSA infection? Yes <input type="checkbox"/> No <input type="checkbox"/> - lived in the same household as someone diagnosed with an MRSA infection? Yes <input type="checkbox"/> No <input type="checkbox"/> - had close contact with someone who has been diagnosed with MRSA, without using protective equipment? Yes <input type="checkbox"/> No <input type="checkbox"/> - worked in or been a patient in a health institution, or had a polyclinic consultation in health services outside 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 do you have implanted medical equipment which penetrates skin or mucous membranes? Yes <input type="checkbox"/> No <input type="checkbox"/> 8. Have you previously had a lab confirmed MRSA infection/contamination? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes to question number 8: Have you had 3 negative MRSA tests after the positive MRSA test? Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. Have you been exposed to tuberculosis at work or privately?	Yes <input type="checkbox"/> Year..... No <input type="checkbox"/>		
3. Do you have typical symptoms of tuberculosis? (Cough lasting more than 3 weeks, including expectorate, fever and weight loss)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
4. Have you worked/had practice at a hospital in a country with high occurrence of tuberculosis: List of countries with high occurrence of tuberculosis.	Yes <input type="checkbox"/> Year..... No <input type="checkbox"/> Which country:.....		
5. During the last 3 years, have you stayed for at least 3 months in a country with high occurrence of tuberculosis? (See link above.)	Yes <input type="checkbox"/> Year..... No <input type="checkbox"/> Which country:.....		
6. Are you born or raised in a country with high occurrence of tuberculosis? (See link above.)	Yes <input type="checkbox"/> Year..... No <input type="checkbox"/> Which country:.....		
I confirm that the above information is correct. Date:		Signature by student:	
If you have answered yes to any of the questions (except question number 1), test results from tuberculosis / MRSA testing <u>must</u> be documented on this form/checklist. If you do not have documentation of testing: <ul style="list-style-type: none"> MRSA: Contact your general practitioner. If you have questions: Contact the Department of Occupational Health and Environment (Arbeidsmiljøavdelingen). Phone number 72571313. Test for tuberculosis + BCG immunization: Contact The office of vaccination and infection control of the municipality of Trondheim (Vaksinasjon og smittevernkontor), Erling Skakkes gt. 40A and C, Trondheim, phone number 72540850. <p>The student must present this form to document the results of the tuberculosis- / MRSA testing. Testing for MRSA and tuberculosis is free of charge.</p>			
Tuberculosis control performed and approved: Date/place:		MRSA-testing (nose and throat) performed and approved. Date/place:	