

MRSA (Methicillin-resistant *Staphylococcus aureus*)

/TUBERCULOSIS INVESTIGATION FORM/CHECKLIST

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	
1. Have you been immunized with BCG against tuberculosis:	Yes <input type="checkbox"/> Year..... No <input type="checkbox"/>	7. During the last 12 months, have you:	
2. 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.	- been diagnosed with an MRSA infection?	Yes <input type="checkbox"/> 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"/>	- lived in the same household as someone diagnosed with MRSA infection?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Have you 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:..... If yes, test results must be enclosed.	- 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"/>
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:..... If yes, test results must be enclosed..	- 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"/>
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:..... If yes, test results must be enclosed.	8. Have you previously had a lab confirmed MRSA infection/contamination?	
		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"/>
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 enclosed to this form/checklist. If you do not have documentation of testing: <ul style="list-style-type: none"> • MRSA: Contact your general practitioner. If you are going to have practice at St. Olav's Hospital, contact the Department of Occupational Health and Environment (Arbeidsmiljøavdelingen). Phone number: 0047-72571313 • Tuberculosis: 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 0047-72540850. 			
The student must present this form to document the results of the tuberculosis- / MRSA testing.			
Tuberculosis control performed and approved:		MRSA-testing performed and approved:	
X-ray of thorax -date:	Tuberculine test result – date:	Nose and throat – test result - date:	
Date, signature and stamp:	Date, signature and stamp:	Date, signature og stamp:	