THMEP Observer Program
THMEP@tmcaz.com
(520) 324- 5095

Prospective applicants may choose to shadow under the supervision of a Tucson Medical Center employee or medical staff member, including physicians, if and when appropriate opportunities are available. Please note that THMEP does not place observers directly with specific providers; it is the applicant's responsibility to contact potential preceptors. For assistance in locating potential preceptors, please visit the TMC website and navigate to the Find a Provider search engine.

THMEP's Observer Program is an educational experience that is restricted to watching and listening during patient histories, physical examinations, procedures, surgeries, outpatient appointments, teaching rounds, and educational conferences. An observer is under direct supervision by a THMEP faculty member and should never be alone. An observership does NOT include any direct or indirect patient care or management, does not grant medical access, and does not constitute medical training. An observership is NOT a clerkship, and it does not confer academic credit. THMEP may delay the start, terminate early, or cancel an observership at any time at its sole discretion. THMEP maintains the right to remove an observer from assignment after it has been determined by THMEP that such removal is in the best interest of THMEP, Tucson Medical Center and/or its patients and their families. TMC, and THMEP on its behalf, shall have the right at any time to take whatever action it deems necessary, including the barring of an observer from its premises, in order to ensure the safety and welfare of its patients and to maintain the operation of its facilities free from disruption.

Observer Program Requirements:

The following is required for acceptance and review of application: Please only submit complete applications to THMEP.

- **If you under 18 years of age**, your parent/legal guardian must sign the application.
- Must be fluent in the English language
- Submission of an application for an observership does not guarantee that a slot will be available. Applications must be received at least one month prior to the proposed start date.
- Must complete an Observership Application, including completion of:
    - HIPAA (Health Insurance Portability and Accountability Act of 1996) Compliance Agreement
    - Information Services Confidentiality Agreement
    - Infection Prevention and Control Agreement
    - THMEP Teacher-Learner Compact Agreement
    - Dress Code Agreement
- Must provide an up-to-date immunization record and/or agree to any required immunizations. This includes the proof of the following:
    - MMR/Tdap/Varicella/Covid vaccination
    - Flu vaccination (during flu season Oct 1st - March 31st)
    - TB test (TB Skin within 30 days of shadowing OR TB Blood (QuantiFERON) within 90 days of shadowing)
- Must provide (i) current curriculum vitae, indicating prior education, training and ECFMG status, if applicable; or (ii) other equivalent requested information, to allow for background verification.
- Professional Headshot for badge
- $10 application fee (to be paid in cash when observer picks up their badge) ($5 fee for extension with the same provider).

Participants may observe only and are **not permitted** to provide clinical care, touch patients, perform procedures, write orders, or access the TMC Epic system. Observerships last up to one month, after which you may reapply.

TMC Health Medical Education Program

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OBSERVERSHIP APPLICATION RELEASE AND PERMISSION FORM

OBSERVER INFORMATION	
Last Name:	First Name:
Middle Name:	D.O.B:
Email:	Phone:
Emergency Contact Name & Relationship:	Emergency Contact Number:
Medical School (if applicable):	Degree (if applicable):
I would like to participate in an observation experience at Tucson Medical Center (TMC). I understand that eligibility for this program requires my agreement to the terms and conditions outlined in this form, which are designed to protect both myself and TMC.	
PRECEPTOR INFORMATION	
Dates of Observation: _____/_____/_____ – _____/_____/_____ Month / Day / Year Month / Day / Year **Note: This can be a singular date or a date range (if applicable).**	
PLEASE NOTE: You *may participate in observation for up to one month, after which you may reapply. A supervising physician's signature is required for EACH observation period.*	
Preceptor Name:	Specialty:
Email:	Phone (optional):
Signature:	Date:
Note: A written signature is required on the paperwork, OR an email sent directly from the physician to THMEP@tmcaz.com confirming agreement to the observation date(s).	
Observing in the O. R? ☐ Yes ☐ No	O.R. Dates:

PLEASE SUBMIT THE FOLLOWING ITEMS	
Please submit the following items with your rotation application. Ensure that each form includes the required signature.	
	HIPAA (Health Insurance Portability and Accountability Act of 1996) Compliance Agreement
	Information Services Confidentiality Agreement
	Infection Prevention and Control for Observation Experiences Agreement
	THMEP Teacher-Learner Compact
	Dress Code Agreement
	Professional headshot for badge
An up-to-date immunization record including:	
	TB Test (TB Skin Test: Within 30 days of shadowing, TB Blood Test: Within 90 days of shadowing)
	TB Screening (IN ADDITION to either TB Skin or TB Blood test)
	MMR, Varicella, Tdap, COVID
	Flu Vaccination (during Oct 1st- March 31st)

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OBSERVERSHIP APPLICATION RELEASE AND PERMISSION FORM

CONFIDENTIALITY

I understand and agree to:

1. Comply with TMC's privacy policies.
2. Treat all information received during the observation experience, including patient names, diagnosis, treatment, or anything else relating to patients, as CONFIDENTIAL and privileged information.
3. Be prohibited now or in the future from gaining access to, removing (in paper or electronic form), or disclosing to anyone any confidential and privileged information except as permitted by TMC's policies and only with the express permission of my job shadow supervisor.
4. Be prohibited from logging on to or loading any software onto any TMC computer, and
5. Be immediately terminated from my observation experience or from employment, if hired, for failing to comply with these requirements.

BEHAVIORAL EXPECTATIONS

I understand that I must meet the same behavioral and ethical standards expected of all TMC employees. My observation experience will be terminated immediately for disruptive, disrespectful, or other inappropriate behavior. Behavioral expectations include:

1. Positive Attitude - contributing to a positive atmosphere
2. Customer Service - putting others first
3. Courtesy & Respect - being polite and listening closely
4. Communication - introducing myself and speaking clearly
5. Teamwork - helping others and doing my part in a timely manner
6. Professional Conduct - respecting patient privacy; being safe, and following policies and procedures
7. Professional Appearance - wearing an identification badge and dressing professionally.
    a. Appropriate dress includes scrubs, casual slacks/pants, collared shirt or nice blouse, school uniform, closed-toed shoes. NO jeans, sandals, distasteful images or slogans, or other attire or accessories out of place in a clinical work environment. With the exception of pierced ears, the display of body, facial or tongue piercing is not acceptable.

ACKNOWLEDGEMENT OF RISKS, RESPONSIBILITY FOR ILLNESS OR INJURY & RELEASE OF LIABILITY

ACKNOWLEDGEMENT OF RISKS. I understand the inherent dangers in participating in an observation experience at a health care facility and accept the risks of being around sick and injured patients. These risks include but are not limited to, being emotionally shocked by experiences that are new, unusual or distressing; being adversely affected by the sight of blood, physical trauma, death, nudity, altered states of consciousness, and uncomfortable or painful medical procedures or tests; fainting; and being exposed to illness, infection or injury.

RESPONSIBILITY FOR ILLNESS OR INJURY. If at any time I feel nauseous, dizzy or otherwise ill during my observation experience, I shall inform my observation supervisor immediately. I authorize TMC to provide emergency medical care if I am injured or ill at a hospital site. I shall bear the costs of any such care and under no circumstances shall TMC bear any cost of such care. In the event of an emergency, TMC may contact my emergency contact.

RELEASE OF LIABILITY. I assume all risks associated with my observation experience and release and hold harmless TMC, it's administration, board of directors, employees and agents from any and all claims or liability for physical injury and/or damage, emotional distress or mental anguish, or any other health condition that I may sustain because of my job shadow at any facility of TMC.

OBSERVER SIGNATURE

By signing here, I acknowledge that I have read this form, understand it, and agree to all of its terms. I further understand that my participation in an observation experience is voluntary and I will not be an employee of TMC. I acknowledge that I am 18 years of age or older**. If you are under 18 years of age, your parent/ legal guardian must sign this form on your behalf.**

Observer Signature:	Date:
Printed Name:	
Parent/Legal Guardian Signature:	Relationship:

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HIPAA Compliance Agreement

HIPAA COMPLIANCE AGREEMENT
While at Tucson Medical Center or TMC One you may have access to patient, employee or other confidential information, including protected health information (PHI) for treatment, payment, or operational purposes as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This information is confidential and shall not be disclosed to anyone inside or outside of TMC except to those people authorized by law or TMC policy to receive such information. You may not discuss this information with family or friends even if the information is about them. Patients expect TMC to keep their medical and personal information confidential, and you are expected to respect patients' rights and abide by applicable laws and policies. As a condition to being granted such access, TMC HealthCare requires you to agree to the following:
• I shall keep confidential all PHI, regardless of whether this information is oral, written or maintained in electronic form. I shall respect and maintain the confidentiality of all discussions, deliberations, patient care records and any other information generated in connection with individual patient care. • I shall use and/or disclose PHI only as permitted by HIPAA, other applicable federal, state, and local laws, rules, and regulations, and TMC HealthCare policies. I shall only access or disseminate PHI in the authorized performance of my assigned duties and where required by or permitted by law. • I understand that TMC HealthCare should monitor access to PHI and perform random audits pertaining to appropriate PHI access. I understand that I shall be held responsible for all access activities associated with my username and password, and I therefore shall always safeguard my credentials and not share them with any individuals for any purpose or reason. Likewise, I shall not use another person's password to access PHI. • I understand that I may have access to PHI beyond that needed to carry out my assigned duties, and I understand that having such access does not authorize me to access the PHI without a legitimate reason to do so. I shall limit my access to PHI to that which is the minimum necessary for completion of my assigned duties and responsibilities. • I understand that posting, storing, downloading and uploading PHI and other confidential information to social media, unsanctioned cloud storage, or unauthorized devices is strictly prohibited. I understand that removal of patient names alone is not sufficient to satisfy HIPAA requirements for use and disclosure of PHI. I shall not post any PHI or confidential information to services such as Google Docs, Box.com, Dropbox, and others unless the service and applicable credentials have been explicitly sanctioned for use by TMC HealthCare. • I understand that failure to comply with applicable laws and TMC HealthCare policies pertaining to confidentiality may result in (i) loss of access; (ii) termination of my status with TMC HealthCare and/or any agreement TMC HealthCare may have with me; (iii) further disciplinary and/or legal action on behalf of a patient and/or TMC HealthCare. • I understand that my duty and commitment to maintain confidentiality as described in the agreement remains in effect even after leaving TMC HealthCare. • I understand my obligation to report any suspected intentional or unintentional inappropriate access to PHI to the TMC HealthCare Corporate Compliance Department.
I have read and agree to comply with the HIPAA Compliance Agreement.

Observer Signature:	Date:

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Information Services Confidentiality Agreement

INFORMATION SERVICES CONFIDENTIALITY AGREEMENT
Tucson Medical Center ("TMC") agrees to grant me access to its electronic health record system ("EHR System") from a location remote from TMC, subject to the conditions set forth below. In exchange for TMC's Grant of Remote Access:
• I acknowledge that through remote access to the EHR System, I may obtain confidential patient, clinical, and employee-related information, and confidential information about the business and financial interests of TMC and its business partners (collectively referred to as "confidential information"). I understand that this confidential information is protected by federal and state law, as well as the policies and procedures at TMC. I agree to comply with all applicable state and federal laws regarding the privacy and security of health information and with all existing and future TMC policies and procedures concerning confidential information. • I agree to access confidential information only for those individuals with whom I or the physician(s) for whom I work have a treatment relationship. I also agree to access only the amount of confidential information necessary to perform my job functions related to that treatment relationship. Any other access requires the express permission of TMC. • I agree to not install Google Desktop Search (GDS) or any similar products on any workstation where I access Private Health Information (PHI). I understand installing this type of product for desktop search would constitute a breach of confidentiality or violation of HIPAA regulations. • I agree that I will never access confidential information for "curiosity viewing." I understand that this includes viewing Confidential Information of children, other family members, friends, or coworkers, unless or I or the physician(s) for whom I work have a treatment relationship with those individuals. • I agree not to release my User ID and password to any other person, and I agree not to allow anyone else to access or use the EHR System under my User ID and password. I understand that when I am assigned a User ID and password to access the EHR System, this is the equivalent of my signature and that I am fully responsible and will be held accountable for all activity performed under my User ID, authentication code or password. • I agree not to allow any unauthorized person to use or access the EHR System. I agree not to allow patients, unauthorized staff members, my family, friends or other people to see confidential information on my computer screen while I am accessing the EHR System. • I understand I must notify the TMC Help Desk immediately if I become aware or suspect that another person has access to my authentication code or password, or I think confidential information is being accessed or shared improperly. • I agree that my compliance with this Agreement may be audited by TMC. I agree to cooperate with any audit conducted by TMC. I also agree to allow TMC to inspect any computer I use for remote access, including those located in my home or my office. • I understand that TMC can suspend my service pending investigation of potential breaches. • I agree that, in the event I breach any provision of this Agreement, TMC has the right to terminate my remote access and to refer the matter to the TMC peer review process as a breach of confidentiality as defined in the Bylaws of the Professional Staff or the Disciplinary Action Policy, with or without notice at TMC's discretion and if applicable, that my employment may be terminated and that I and my employer may be subject to penalties or liabilities under state or federal laws as the result of security breaches.
I have read and agree to comply with the Information Services Confidentiality Agreement.

Observer Signature:	Date:

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Infection Prevention and Control Agreement

Infection Prevention and Control Agreement
TMC is committed to providing a safe and healthy environment for patients, visitors, employees, volunteers, and observers. To help prevent hospital-acquired infections and ensure compliance with infection-prevention standards, all observers must review and agree to the following:
Hospital-Acquired Infections (HAI)
Hospital-acquired infections are infections that develop while a patient is in the hospital and are not present upon admission. By participating in observation experiences at TMC, I acknowledge the following: • HAI develops in at least 5% of patients. • They extend hospital stays by 4–8 days. • They are the third leading cause of death in the U.S. • They cost more than $5 billion per year to treat. • Preventing HAI is a shared responsibility.
OSHA Bloodborne Pathogen Standard
I understand that: • OSHA's Bloodborne Pathogen (BBP) Standard protects individuals from exposure to bloodborne diseases such as Hepatitis B, Hepatitis C, and HIV. • TMC's Exposure Control Plan and OSHA's BBP Standard are available upon request from the Infection Control Department. • Standard Precautions must be used for every patient, every time.
Standard Safety Precautions

Hand Hygiene
I agree to follow proper hand hygiene practices:
• Wash hands with soap and water for at least 15 seconds or use alcohol-based hand gel.
• Use soap and water if hands are visibly soiled or after removing gloves.
• Perform hand hygiene:
  ○ Before and after patient contact
  ○ After removing gloves
  ○ Before eating
  ○ After using the restroom
  ○ At the beginning and end of each shift

Personal Protective Equipment (PPE) I agree to follow proper PPE practices: • Use PPE (gloves, masks, gowns, face shields) when exposure to blood or body fluids is possible. • Remove PPE before leaving the room. • Never wear gloves in hallways, as this violates OSHA standards.

Cleaning Equipment and Environment
I agree to follow all cleaning and environmental safety practices:
• Clean equipment with disinfecting wipes after use.
• Handle linen properly:
  ○ Keep clean linen covered
  ○ Carry dirty linen away from the body
  ○ Place dirty linen in designated hampers
  ○ Bag visibly contaminated linen before disposal

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Infection Prevention and Control Agreement

Sharps Safety

I agree to follow all sharp-safety practices:

- Never touch needles, blades, or other sharps.
- Immediately notify a healthcare worker if a sharp is found.
- Treat all sharps as hazardous

Artificial Fingernails

I understand that:

- Artificial fingernails are prohibited for anyone observing in areas with infants, children, or ICU patients due to infection-risk evidence.

Expanded (Transmission-Based) Precautions

I understand that some patients require additional precautions:

- Airborne (blue sign) – special fitted mask required
- Droplet (green sign) – surgical mask required
- Contact (red sign) – gown and gloves required
- G-Contact (purple sign) – gown/gloves and soap-and-water hand hygiene required

I agree that:

- Isolation signs must never be removed.
- Observers may not enter rooms under expanded precautions.

Blood & Body Fluid Exposures

I understand that exposure includes:

- A sharp penetrating the skin
- Body fluid contact with broken skin
- Splash to eyes, nose, or mouth

If an exposure occurs, I agree to notify the unit supervisor/preceptor immediately.

Preventing the Spread of Infection

I agree to:

- Wash my hands regularly
- Wear clean clothing and change if contaminated
- Avoid touching my face
- Cover my mouth when coughing
- Stay home when sick

I have read and agree to comply with the Infection Prevention and Control Agreement.

Observer Signature:	Date:

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THMEP Teacher- Learner Compact

PREAMBLE
Faculty and learners (residents and students) are obligated under a variety of policies and standards, both at THMEP and the Universities with which it affiliates for medical education, to interact in a professional manner. THMEP and Tucson Medical Center (TMC) are committed to ensuring that the learning environment is conducive to open communication and robust interactions between faculty and learners, to promote the acquisition of knowledge and to foster the attitudes and skills required for the professional practice of medicine. Such activities require an environment that is free from harassment, discrimination, retaliation, or other inappropriate conduct. All faculty and learners are governed by THMEP policies and the TMC Code of Conduct and are expected to adhere to them. Violations of these policies will be investigated, any necessary education will be provided, appropriate corrective interventions will be made and, if appropriate, disciplinary action will be imposed, as needed.
PROFESSIONAL ATTRIBUTES
These attributes of professional behavior describe those behaviors that are expected from all members of the THMEP clinical faculty, residents, students, and staff. This professional behavior is expected to be upheld during all exchanges including, but not limited to, face-to-face and telephone/teleconference meetings, texting, video, email, and social networking technologies.
• Communicating in a manner that is effective and promotes understanding. • Adhere to ethical principles accepted to be the standards for scholarship, research, and patient care, including advances in medicine. • Demonstrate sensitivity and respect for, and promote both inclusiveness of and equity towards, diversity in age, culture, gender identity, disability, social and economic status, sexual orientation, and other unique personal characteristics. • Strive for excellence and quality in all activities and continuously seek to improve knowledge and skills through life-long learning while recognizing personal limitations. • Uphold and be respectful of the privacy of others. • Consistently display compassion, humility, integrity, and honesty as a role model to others. • Work collaboratively to support the overall mission of THMEP and TMC Health in a manner that demonstrates initiative, responsibility, dependability, and accountability. • Maintain a professional appearance, bearing, demeanor, and boundaries in all settings that reflect on THMEP. • Promote wellbeing and self-care for patients, colleagues, and self. • Be responsive to the needs of the patients and society that supersede self-interest.
RESPONSIBILITIES OF THE THMEP FACULTY AND ADMINISTRATORS TO LEARNERS
<u>Faculty Members and Administrators of THMEP Shall Provide:</u> • An environment that is physically safe for learners. • A curriculum in which education is paramount in the assignment of all tasks. In assigning tasks to learners, faculty and administrators shall keep in mind that the primary purpose of such assignments is to enhance the learner's educational experience.

THMEP Teacher- Learner Compact

- Support for the learner's professional development. This support will include a carefully planned and well-articulated curriculum. Administrators will facilitate the progress of learners through the curriculum. Faculty and administrators will support learners in their personal development as they adjust to the needs and standards of the profession.
- An understanding that each learner requires unscheduled time for self-care, social and family obligations, and recreation.
- Accurate, appropriate, and timely feedback to learners concerning their performance in the curriculum. In assessing learners, faculty and administrators will act in a manner that is consistent with the stated goals of the educational activity, which will in turn be meaningful for future medical practice. In addition, faculty will provide learners with professional and respectful feedback during and after educational and clinical activities.
- Opportunities for learners to participate in decision-making in THMEP, including participation on committees that design and implement the curriculum and tools for learner performance assessment in accordance with THMEP policies and practice.

RESPONSIBILITIES OF LEARNERS TO FACULTY, ADMINISTRATORS OF THEMP AND OTHERS

Learners at THMEP Shall:

- Strive to optimize individual and group learning, while working towards the well-being of self and colleagues.
- Meet the educational goals and objectives of the curriculum to the best of their abilities.
- Assume an appropriate level of responsibility on healthcare teams and execute assigned responsibilities to the best of their abilities.
- Respect the authority of the faculty and administrators in determining the proper training environment and activities for their education.
- Take an active role with the administration and faculty regarding the refinement and evaluation of the curriculum, and in defining and addressing aspects of the educational program and the learning environment that require change.
- Support their colleagues in their professional development,
- Treat all THMEP administration members, faculty, learner peers, other healthcare team members and patients with compassion and respect.

I have read and agree to comply with the THMEP Teacher- Learner Compact Agreement.

Observer Signature:	Date:

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Dress Code Agreement

Dress Code Agreement		
Appropriate personal appearance of everyone within TMC HealthCare (TMCH) promotes safety, avoids hazards and promotes a professional work environment. Neat, well-kept, clean and professional appearances create an environment of respect and confidence which is expected by our patients, their families, and our colleagues		
Statement of policy:	• These guidelines apply during regular work hours, orientation, training, meetings, educational programs and any other related function. • Exceptions to this policy must be approved by Tucson Hospitals Medical Education Program (THMEP) • Residents who wish to request exceptions to the established policy due to cultural or religious reasons should contact THMEP • Failure to follow TMCH policy may result in disciplinary action, up to and including termination of your rotation.	
ELEMENT	**ACCEPTABLE**	**UNACCEPATBLE**
ID Badges	• Worn at all times while working or on campus for education related function • Easily readable • Worn above or near the waist with picture facing out	• Badges that are defaced • Anything pinned to, stuck on or hanging with the badge that covers identifying information. • Badges where the picture or other identifying information is no longer visible
Clothing	• Must meet safety requirements • Must present a neat, clean, properly-fitted and well-groomed appearance that is suitable for the assigned job • Appropriate undergarments must be worn. The color of undergarments should not be visible through clothing. • Lab coats must be clean and neatly pressed at all times • Scrubs must be kept clean and changed when they become wet or soiled by blood or bodily fluids	• Clothing that is dirty, ripped, torn, or has holes • Excessively tight, revealing, or baggy clothes, including bare midriffs and cleavage exposure • Jeans or denim pants, lycra-type pants, sweatpants, or warmups • Shorts • T-Shirts or undershirts that hang lower than the scrub top • Printed Scrub bottoms

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Dress Code Agreement

ELEMENT	ACCEPTABLE	UNACCEPATBLE
Shoes	• Clean and in good repair • Professional appearance • Must meet safety requirements and specific needs of the assigned work area • Must be worn at all times • Closed-toed shoes are required for work in patient care areas • Clogs are acceptable	• Beach style flip flops or athletic style sandals
Personal Hygiene	• Neat and clean appearance	• Body odor, Smell of tobacco products on body or clothing • Use of perfumes colognes, scented lotion or other fragrance products in patient care areas
Hair	• Clean and neat • Hair longer than shoulder length must be secured behind the head for patient contact • Dominant hair colors must be within the range of natural hair colors	• Dominant hair colors that are not within the range of natural hair colors
Fingernails	• Clean and neatly trimmed • Nail polish that is in good repair	• Direct patient contact or providing services to patients, the following are prohibited: artificial nails, gel/shellac polish, nails longer than ¼ inch past fingertip, nail polish that is chipped
Jewelry	• No more than 3 earrings per ear (studs or small hoops only when direct patient contact occurs)	• Facial piercings of any king • Tongue piercings • Gauges or similar jewelry
Tattoos and Body Art	• Non-facial tattoos and body art that are appropriate and consistent with TMCH ethical standards are allowed	• Tattoos or body art displaying words or images which depict violence, discrimination, profanity, nudity • Facial tattoos
I have read and agree to comply with Dress Code Agreement.		
Observer Signature:		Date:

TMC Health Medical Education Program

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TMC Healthcare
FLU Vaccination Summary Form

TMC must report certain data this year to the National Healthcare Safety Network (NHSN). This information is required for everyone that worked in the facility (paid or not) for even 1 day during the flu season (10/1 to 3/31). Please complete and return this form with your observer application. We appreciate your assistance in complying with this requirement. Thank you.

Print Name:_____

Email:_____

Date: _____

_ I had the influenza vaccine this year at TMC (after 8/1 and before 3/31).

_ I had an influenza vaccine already this year (after 8/1 and before 3/31) and have documentation.

Provider/Location: _____ Date Vaccinated: _____

_ I had an influenza vaccine after 8/1 and before 3/31, but do not have documentation.
_ I am not able to receive the influenza vaccine due to a permanent contra-indication.
_ I have a severe (life threatening) allergy to eggs or any vaccine component.
_ I have had Guillain-Barre syndrome (a severe paralytic illness) within 6 wk. of a previous flu injection.
_ Other: _____

Adult Participant (18 years of age or older): I, _____ do confirm the information stated above to be true and accurate.

Signature: _____

Print Name: _____Date:_____

Minor Participant (under 18 years of age): I, the parent/guardian of _____ do confirm the information stated above to be true and accurate.

Signature (Parent/Guardian): _____

Print Name (Parent/Guardian: _____Date:_____

TMC HEALTHCARE

TMC Health Medical Education Program

THMEP Observer Program: TB Questionnaire

Legal Name (Please print): _____ Date: _____

DOB:_____ Phone#:_____

TB (Tuberculosis) is a bacterial disease usually attacking the lungs. If not treated properly, TB disease can be fatal. TB is spread through the air from one person to another when a person coughs or sneezes. Some diseases such as diabetes and cancer may make a person more susceptible to TB. Steroids and immune suppressive drugs may make a person more susceptible. Living in or traveling to countries where TB is more common may increase your susceptibility.

- Have you ever had a positive Tuberculosis test? □ Yes □ No

A. **TB History and Risk Assessment** *Check Yes or No to each of the following:*

- Have you had temporary or permanent residence (for ≥ 1 month) in a country with a high TB rate (i.e., any country other than Australia, Canada, New Zealand, the United States, and those in western or northern Europe)? □ Yes □ No
  - Explain: _____
- Do you have current or planned immunosuppression, including human immunodeficiency virus infection, receipt of an organ transplant, treatment with a TNF-alpha antagonist (e.g., infliximab, etanercept, or other), chronic steroids (equivalent of prednisone ≥ 15 mg/day for ≥ 1 month), or other immunosuppressive medication? □ Yes □ No
- Since your last TB test, have you had close contact with someone who had confirmed infectious TB? □ Yes □ No

B. **TB Symptom Assessment** *Have you had any of the following symptoms in the last 3 months that have not been resolved?*

- Cough not due to allergies lasting longer than three weeks □ Yes □ No
  If yes, explain: _____
- Persistent fever or night sweats □ Yes □ No
  If yes, explain: _____
- Persistent unexplained fatigue □ Yes □ No
  If yes, explain: _____
- Loss of appetite with more than 15-pound weight loss □ Yes □ No
  If yes, explain: _____
- Bloody sputum □ Yes □ No
  If yes, explain: _____
- Pain in the chest □ Yes □ No
  If yes, explain: _____

1. *I understand that if I answer "**YES**" to any of the above questions in section A or B, I must confirm my TB test results and receive medical clearance from a medical professional.*
2. *I acknowledge that I have been provided with education about TB disease including risk factors, signs, and symptoms.*
3. *If I answer "**NO**" to all the questions in sections A & B, I acknowledge that this form has been reviewed and signed by me.*

Observer Signature: _____ **Date**: _____