# TB Document F: State of Hawaii TB Clearance Form

Hawaii State Department of Health
Tuberculosis Control Program

| Patient Name | DOB | TB Screening Date |
|---|---|---|
| | | |

I have evaluated the individual named above using the process set out in the DOH TB Clearance Manual dated 1/10/2024 and determined that the individual does not have TB disease as defined in section 11-164.2-2, Hawaii Administrative Rules.

I. Screening for schools, child care facilities, or food handlers *(TB Document A or E)*

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| ☐ Negative TB risk assessment |
| ☐ Negative test for TB infection: TST: mm, date read: ; or QFT (date: ) |
| ☐ Positive test for TB infection: TST: mm, date read: ; or QFT (date: ) |
| and negative chest X-ray (date: ) |

II. Initial Screening for Health Care Facilities or Residential Care Settings (*TB Document B or C)*

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| ☐ Negative Risk Assessment: Children 1-17 yrs old, who are household members in residential care settings |
| ☐ Negative test for TB infection (2-step): |
| ☐ New positive test for TB infection: |
| ☐ Previous positive test for TB infection, negative symptoms screen and negative CXR within previous 12 mos: Date of CXR: |
| ☐ Previous positive test for TB infection, and negative CXR: Date of CXR: |

III. Annual Screening for Health Care Facilities or Residential Care Settings (*TB Document D)*

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| ☐ Negative risk assessment (children 1-17 yrs old, who are household members in residential care settings) |
| ☐ Negative test for TB infection: TST: mm, date read ; or QFT (date: ) |
| ☐ New positive test for TB infection: TST: mm, date read: ; or QFT (date: ) |
| and negative chest X-ray (date: ) |
| ☐ Previous positive test for TB infection and negative symptoms screen |

Signature or Unique Stamp of Practitioner: _____

Printed Name of Practitioner: _____

Healthcare Facility: _____

Address: _____

Phone Number: _____ Fax: _____

This TB clearance provides a reasonable assurance that the individual listed on this form was free from tuberculosis disease at the time of the exam. This form does not imply any guarantee or protection from future tuberculosis risk for the individual listed.