

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	
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 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? (Please turn page for more information)	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? (Please turn page for more information)	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), Statens hus, Prinsens gate 1 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:	

Countries with high occurrence of tuberculosis

List of countries with a high occurrence of tuberculosis. People from these countries are required to undergo tests for tuberculosis.

A-C	D-J	K-M	N-S	T-Z
Afghanistan Algeria Angola Azerbaijan Bangladesh Benin Bhutan Bolivia Botswana Brazil Brunei Darussalam Burkina Faso Burundi Cabo Verde Cambodia Cameroon Central African Republic Chad China Congo Côte d'Ivoire	Democratic People's Republic of Korea Democratic Republic of the Congo Djibouti Dominican Republic Ecuador El Salvador Equatorial Guinea Eritrea Ethiopia Fiji Gabon Gambia Georgia Ghana Greenland (Denmark) Guam Guinea Guinea-Bissau Guyana Haiti Hong Kong SAR India Indonesia Iraq	Kazakhstan Kenya Kiribati Kyrgyzstan Lao People's Democratic Republic Lesotho Liberia Libya Lithuania Macao SAR Madagascar Malawi Malaysia Mali Marshall Islands Mauritania Micronesia Mongolia Morocco Mozambique Myanmar	Namibia Nauru Nepal Nicaragua Niger Nigeria Niue Northern Mariana Islands Pakistan Palau Panama Papua New Guinea Paraguay Peru Philippines Republic of Korea Republic of Moldova Romania Russian Federation Rwanda Sao Tome and Principe Senegal Sierra Leone Singapore Solomon Islands Somalia South Africa South Sudan Sri Lanka Sudan Swaziland	Tajikistan Thailand Timor-Leste Togo Turkmenistan Tuvalu Uganda Ukraine United Republic of Tanzania Uzbekistan Vanuatu Venezuela Viet Nam Yemen Zambia Zimbabwe

For more information www.fhi.no/en/id/infectious-diseases/TB/countries-tuberculosis/