



The mission of the Barron Area School District is to ensure all students reach their dream while making a positive impact on the world.

Memo

To: New Employees

From: Central Office

Re: Employee Physical

The State of Wisconsin requires all new school employees to have a physical examination or submit proof of examination in the past 90 days of their date of employment per Section 118.25 Wis. Stats. The examination must include a tuberculin skin test and/or chest x-ray.

If you go to the Midelfort Clinic - Barron office, the exam will be given to you at no cost. To make an appointment call 537-3166 and tell them that you need to schedule an employment physical for the Barron Area School District. The Barron Midelfort Clinic will bill the school district. **If you choose to go to your own doctor at a clinic other than the Barron Midelfort Clinic, any charges incurred will be at your own expense.** After the physical form is completed and signed by a doctor, please return it to Central office.

If you have any questions, call Jill or Carissa at Central office - 537-5612.

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**Administrative Office: 100 West River Ave Barron, WI 54812 p: 715-537-5612 f: 715-637-5161**

Barron High School p: 715-537-5627 f: 715-637-1603 | Woodland Elementary p: 715-537-5621 f: 715-637-9353  
Riverview Middle School p: 715-537-5641 f: 715-637-5373 | Ridgeland-Dallas Elementary p: 715-949-1445 f: 715-949-1617  
Dallas Early Learning Center p: 715-837-1180 f: 715-837-1201 | Almena Elementary p: 715-357-3263 f: 715-357-6513

*The Barron Area School District does not discriminate on the basis of race, creed, color, national origin, age, sex or handicap*

## WISCONSIN TUBERCULOSIS (TB) RISK ASSESSMENT QUESTIONNAIRE SCREEN

Use this screening tool to identify asymptomatic adults for latent tuberculosis infection (LTBI) testing.

Do not perform or repeat **testing** by interferon gamma release assay (IGRA) or tuberculin skin test (TST) unless there are risk factors identified by the screening tool questions below.

Do not treat for LTBI until active TB disease has been excluded:

Evaluate for active TB disease with a chest x-ray, symptom screen, and if indicated, sputum AFB smears, cultures and nucleic acid amplification testing. A negative TST or IGRA does not rule out active TB disease.

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**If any of the following four boxes are checked, recommend LTBI testing.**

**Treat for LTBI if LTBI test result is positive and active TB disease is ruled out.**

**See page 2 for more detailed information on the risk assessment boxes below.**

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- Birth, travel, or residence** in a country with high TB prevalence.
- Includes any country other than the United States, Canada, Australia, New Zealand, or a country in Western or northern Europe.
  - Travel is of extended duration or including likely contact with infectious TB in a location of high TB prevalence.
  - IGRA is preferred over TST for foreign-born persons 2 years of age or older.

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- Close** (high priority) **contact** to someone with infectious TB disease during lifetime.

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- Recent TB symptoms:** Persistent cough lasting three or more weeks **AND** one or more of the following symptoms: coughing up blood, fever, night sweats, unexplained weight loss, or fatigue.

- 
- Current** or former employee or resident of a high-risk congregate setting in a state/district with an elevated TB rate.
- Includes Alaska, California, Florida, Hawaii, New Jersey, New York, Texas, or Washington DC.
  - Includes correctional facility, long-term residential care facility, or shelter for the homeless.

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- A TB risk assessment has been completed for the patient named below. No risk factors for TB were identified.
- A TB risk assessment has been completed for the patient named below. Risk factors for TB have been identified. Further testing is recommended to determine the presence or absence of tuberculosis in a communicable form.

Provider Name (Print)	
Facility Name	
Street Address	Telephone Number
Assessment Date	
<b>SIGNATURE - Provider</b>	

Patient Name (Print)
Date of Birth
(Place sticker here if applicable)

## Risk Assessment Box Details

### Box 1. Birth, Travel, or Residence in a country with high TB incidence or burden

In their annual report, the World Health Organization (WHO) estimates TB incidence around the world as the number of TB cases per 100,000 persons. There are 40 high-burden TB countries including India, China, regions of Sub-Saharan Africa and South East Asia.<sup>1</sup>

**Travel:** Leisure travel to most countries in the world poses little risk of TB infection. The general travel risk is 2.8 cases of TB per 1,000 person-months of travel, however, prolonged stays or work in the health sector increase the risk of infection. Spending six or more months in an endemic country is associated with increased risk of TB infection, 7.9 cases per 1,000 person-months of travel, and direct patient care is an even higher risk, 9.8 cases per 1,000 person-months of travel.<sup>2</sup>

### Box 2. Close (High Priority) contact to someone with infectious TB disease during lifetime

Infectious TB includes patients with pulmonary culture-positive disease and those with pulmonary cavitation on radiograph. High Priority contacts include household members (1 in 3 chance of infection), children < 5 years of age and immunosuppressed individuals (cancer, diabetics, HIV-positive, organ transplantation). Also consider those exposed for shorter duration in a more confined space (exam room, dormitory room, office or vehicle).<sup>3</sup>

### Box 3. Recent TB symptoms

TB symptoms include persistent cough lasting three or more weeks AND one or more of the following symptoms: coughing up blood, fever, night sweats, unexplained weight loss, or fatigue. TB can occur anywhere in the human body but the most common areas include; lungs, pleural space, lymph nodes and major organs such as heart, liver, spleen, kidney, eyes and skin. TB can also present as an asymptomatic, non-specific respiratory illness. Clinical judgement should be accompanied by careful evaluation of patient history including, birth, travel or residence in a country with high TB incidence and history of TB in the family.<sup>4</sup>

### Box 4. Current or former employee or resident of a high-risk congregate setting in a state/district with an elevated TB rate

Wisconsin has few individuals with TB in the homeless, corrections and long-term settings; patients identified match local epidemiology (foreign-born or contacts).<sup>5</sup> Higher-risk congregate settings occur in Alaska, California, Florida, Hawaii, New Jersey, New York, Texas or Washington DC. Consult with the Centers for Disease Control and Prevention (CDC) annual TB reports and the Wisconsin TB Program website for state and local epidemiology data.<sup>6, 7, 8</sup>

## References:

- 1) World Health Organization Global Tuberculosis Report 2017. [http://www.who.int/tb/publications/global\\_report/en/](http://www.who.int/tb/publications/global_report/en/)
- 2) Cobelens, F.G.J., et al (2000). Risk of infection with *Mycobacterium tuberculosis* in travelers to areas of high tuberculosis endemicity. *The Lancet*, 356, 461-465.
- 3) CDC. Guidelines for the investigation of contacts of persons with infectious tuberculosis: recommendations from the National Tuberculosis Controllers Association and CDC. *MMWR* 2005; 54(No. RR-15).
- 4) Lewinsohn, D. et al. Official American Thoracic Society/Infectious Diseases Society of America/CDC Clinical Practice Guidelines: Diagnosis of tuberculosis in adults and children. *Clinical Infectious Diseases*, 2017; 62(2):111-115.
- 5) Wisconsin Tuberculosis Program. <https://www.dhs.wisconsin.gov/tb/index.htm>
- 6) CDC. Reported Tuberculosis in the United States. <https://www.cdc.gov/tb/statistics/>
- 7) CDC. Guidelines for preventing the transmission of *Mycobacterium tuberculosis* in health-care settings, 2005. *MMWR* 2005; 54(No. RR-17).
- 8) CDC. Prevention and control of tuberculosis in correctional facilities: Recommendations from CDC. *MMWR* 2006; 55(No. RR-9).

## RECORD OF SCHOOL EMPLOYEE EXAMINATION

Wisconsin State Statute § 118.25(1)(6) on Page 2

### Employee Information

Name (First, Middle, Last)	Date of Birth (mm/dd/yyyy)
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Street Address, City, State, Zip Code

### Results of Tuberculosis Risk Assessment Questionnaire

Use the Wisconsin Tuberculosis (TB) Risk Assessment Questionnaire Screen for Wisconsin Public school Employees, form number F-02314A.

**Do not attach questionnaire to this form.**

Practitioners keep a copy of the questionnaire, and record recommendations on this form. Registered nurses and school nurses will provide a copy of the screening questionnaire to the school board per statute, and if there are tuberculosis risk factors identified on this screening questionnaire will confidentially recommend further examination by a licensed practitioner using this form.

<input type="checkbox"/>	The above-named individual completed a tuberculosis risk assessment, and does not have risk factors, or if tuberculosis risk factors were identified, he/she has been examined and determined to be free of infectious tuberculosis. <i>(Practitioner)</i>
<input type="checkbox"/>	The above-named individual completed a tuberculosis risk assessment, and does not have risk factors for tuberculosis.  <p style="text-align: center;">_____ <b>SIGNATURE</b> – Registered Nurse or School Nurse</p>
<input type="checkbox"/>	The above-named individual is being recommended for further evaluation of tuberculosis by a licensed healthcare practitioner.  <p style="text-align: center;">_____ <b>SIGNATURE</b> – Registered Nurse or School Nurse</p>

### PRACTITIONER'S RECOMMENDATIONS AND CERTIFICATE OF SCHOOL EMPLOYEE EXAMINATION

I, certify, as the examining practitioner, licensed to practice in the State of \_\_\_\_\_, that I have examined the above named school employee as required by statute on the following date, \_\_\_\_\_, and find the above named individual

- To be free     Not to be free    from tuberculosis in a communicable form at the time of examination on the basis of the questionnaire and/or examination.
- I do     I do not    recommend this person as physically suitable for employment. The individual named herein has been informed of these recommendations.

Name of Examining Practitioner \_\_\_\_\_ Title \_\_\_\_\_

**SIGNATURE** – Examining Practitioner \_\_\_\_\_ Date Signed \_\_\_\_\_

Return completed form to the appropriate school district.

**118.25 Health examinations. (1)** In this section:

(a) “Practitioner” means a person licensed as a physician or as a physician assistant in any state or licensed or certified as an advanced practice nurse prescriber in any state. In this paragraph, “physician” has the meaning given in s. 448.01 (5).

(b) “School employee” means a person employed by a school board who comes in contact with children or who handles or prepares food for children while they are under the supervision of school authorities.

(2) (a) 1. Subject to par. (b), a school board shall, as a condition of employment, require a physical examination of every school employee of the school district. The school board shall ensure that the physical examination includes a screening questionnaire for tuberculosis approved by the department of health services and, if indicated, a test to determine the presence or absence of tuberculosis in a communicable form. Freedom from tuberculosis in a communicable form is a condition of employment. The school employee shall be examined by a practitioner in the employ of or under contract with the school district, but if a practitioner is not employed or under contract, the examination shall be made by a practitioner selected by the school employee.

2. The school board may require a school employee to complete additional health examinations, including physical examinations and an examination consisting of a screening questionnaire for tuberculosis approved by the department of health services, at intervals determined by the school board. A screening questionnaire administered as permitted under this subdivision may be administered by a school nurse or by a registered nurse selected by the school employee and licensed under s. 441.06 or in a party state, as defined in s. 441.50 (2) (j).

(b) The school board may not require physical examinations of any school employee who files with the school board an affidavit setting forth that the employee depends exclusively upon prayer or spiritual means for healing in accordance with the teachings of a bona fide religious sect, denomination, or organization and that the employee is to the best of the employee’s knowledge and belief in good health and that the employee claims exemption from health examination on these grounds. Notwithstanding the filing of such affidavit, if there is reasonable cause to believe that such employee is suffering from an illness detrimental to the

health of the pupils, the school board may require a health examination of such school employee sufficient to indicate whether or not such school employee is suffering from such an illness. No school employee may be discriminated against by reason of the employee’s filing such affidavit.

(c) 1. A practitioner performing a physical examination under par. (a) shall complete a report of the examination upon a standard form prepared by the department of health services. The practitioner shall retain a copy of the report in his or her files and shall make confidential recommendations therefrom to the school board and to the school employee on a form prepared by the department of health services. The recommendation form shall contain space for a certificate that the person examined by the practitioner appears to be free from tuberculosis in a communicable form.

2. A registered nurse or school nurse administering a screening questionnaire under par. (a) 2. shall provide a copy of the screening questionnaire to the school board and shall make confidential recommendations therefrom to the school board and to the school employee on a form prepared by the department of health services. The screening questionnaire shall contain space for a certificate that the person examined by the registered nurse or school nurse does not have risk factors for tuberculosis. If tuberculosis risk factors are identified on the screening questionnaire, the registered nurse or school nurse shall recommend that the person receive a test from a practitioner to determine the presence or absence of tuberculosis in a communicable form. If a test to determine the presence or absence of tuberculosis in a communicable form is recommended of the person, and if the test indicates the absence of tuberculosis in a communicable form, the practitioner who administers the test shall certify, on a form prepared by the department of health services, that the person appears to be free from tuberculosis in a communicable form.

3. The school board shall pay the cost of the examinations required under par. (a), including X-rays and tuberculin tests if needed, out of school district funds.

(3) In counties having a population of less than 500,000, the school board may require periodic health examinations of pupils by physicians, under the supervision of local health departments and the department of health services, and may pay the cost of the examinations out of school district funds.

(4) If a health or physical examination made under this section includes the testing of vision, such test may be made by an optometrist. Forms used for reporting such vision tests shall so indicate.

(5) As a condition of employment, special teachers, school psychologists, school social workers, cooperative educational service agency personnel and other personnel working in public schools shall have physical examinations under sub. (2). The employing school district or agency shall pay the cost of such examinations.

(6) As a condition of employment, employees of the state superintendent whose work brings them into contact with school children or with school employees shall have physical examinations under sub. (2).

History: 1979 c. 221, 301; 1993 a. 27, 492; 1995 a. 27 ss. 9126 (19), 9145 (1); 1997 a. 27; 2007 a. 20 s. 9121 (6) (a); 2017 a. 107; s. 35.17 correction in (2) (c) 2.