CAL MARITIME

Employee Fit for Duty Physical Summer Sea Term

Name (last, first, middle):_____ **Faculty / Staff**
Today's Date:____/_____/_____ **Date of Birth:**_____/_____/_____ **Phone:**_____
Gender: ☐ **Male** ☐ **Female** ☐_____

Examinee's personal declaration
(To be completed by patient with assistance from clinician as needed)

Have you ever had any of the following conditions?

	Condition	**Yes**	**No**		***Condition***	**Yes**	**No**
1.	Eye/Vision problem			17.	Operation/surgery		
2.	High Blood pressure			18.	Epilepsy/seizures		
3.	Heart/Vascular disease/Stroke			19.	Dizziness/fainting		
4.	Heart surgery			20.	Loss of consciousness		
5.	Asthma/bronchitis/lung problem			21.	Psychiatric condition		
6.	Blood disorder			22.	Depression		
7.	Diabetes			23.	Attempted suicide		
8.	Thyroid problem			24.	Memory problems		
9.	Digestive disorder			25.	Balance problem		
10.	Kidney/Urologic problem			26.	Severe headaches		
11.	Skin problem (current)			27.	Ear (hearing, tinnitus)/nose/throat problem		
12.	Allergies			28.	Restricted mobility		
13.	Infectious disease (current)			29.	Back or joint problem		
14.	Hernia			30.	Amputation		
15.	Sleep problem (current)			31.	Fractures/dislocations		
16.	Dental problem (current)			32.	Other episodic or ongoing condition(s)		

If you answered "yes" to any of the questions above, please give details:

	Additional questions	**Yes**	**No**
33.	Do you smoke or use tobacco products?		
34.	Have you ever been hospitalized?		
35.	Do you have any medical problems, diseases or illnesses?		
36.	Do you feel healthy and fit to perform the duties of your designated position/occupation?		
37.	Are you allergic to any medication/food/substance? **(List details in section on next page)**		

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Medication Allergies:

Food and Other Allergies:

	Additional questions	**Yes**	**No**
38.	Are you taking any medications (prescription or non-prescription), supplements, or vitamins?		

If yes, please list the medications taken, and the purpose(s) and dosage(s):

I hereby certify that the personal declaration above is a true statement to the best of my knowledge and I will update the Student Health Center if I have any health changes prior to cruise.

Signature of examinee:_____Date:_____/_____/_____

Physical Examination (To be performed by practitioner)

Clinical Findings:

Height:_____(In) Weight:_____(lbs) LMP:_____/_____/_____ ☐ N/A
Blood pressure:_____/_____ Pulse:_____
Visual Acuity-Uncorrected: Right eye:_____/_____ Left eye:_____/_____
Corrected: Right eye:_____/_____ Left eye:_____/_____
Tetanus Booster Date:_____

	Normal	**Abnormal**	**Comments:**
General Appearance			
HEENT			
Lungs and chest			
Heart/Vascular			
Skin			
Abdomen			
Upper and lower extremities			
Spine			
Neurologic			
Psychiatric			
Other:			

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Diagnostic test(s) and results(s):
(Baseline EKG needed if male 40 or older or female 50 or older and most recent A1C if diabetic, please attach print out of results)

Test:	**Result:**
Test:	**Result:**

Test:	**Result:**
Test:	**Result:**

Other Relevant test(s) and result(s):

Assessment of fitness for service at sea:

On the basis of the examinee's personal declaration, my clinical examination, a review of the medical history and the diagnostic test results recorded above (if any), I declare the examinee medically fit for extended seagoing voyage with limited access to medical care:

☐ **Fit for extended seagoing voyage** ☐ **Not fit for extended seagoing voyage** ☐ **Additional info needed**

Medical practitioner's comments and assessment of fitness, with reasons for any limitations:

Signature of medical practitioner:_____**Date**:____/____/_____

Medical practitioner information
Name:
License number:
Phone number:
Address:

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California Adult Tuberculosis Risk Assessment

- Use this tool to identify asymptomatic **adults** for latent TB infection (LTBI) testing.
- **Do not repeat testing** unless there are **new risk factors** since the last test.
- Do not treat for LTBI until active TB disease has been excluded:
  For patients with TB symptoms or an abnormal chest x-ray consistent with active TB disease, 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 tuberculin skin test or interferon gamma release assay does not rule out active TB disease.

LTBI testing is recommended if any of the boxes below are checked.

☐ **Birth, travel, or residence** in a country with an elevated TB rate for at least 1 month
- Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe
- If resources require prioritization within this group, prioritize patients with at least one medical risk for progression (see the California Adult Tuberculosis Risk Assessment User Guide for this list).
- Interferon Gamma Release Assay is preferred over Tuberculin Skin Test for non-U.S.-born persons ≥2 years old

☐ **Immunosuppression,** current or planned
HIV infection, organ transplant recipient, treated with TNF-alpha antagonist (e.g., infliximab, etanercept, others), steroids (equivalent of prednisone ≥15 mg/day for ≥1 month) or other immunosuppressive medication

☐ **Close contact** to someone with infectious TB disease during lifetime

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

☐ **None**; no TB testing is indicated at this time.

Provider Name: _____

Assessment Date: _____

Patient Name: _____

Date of Birth: _____

See the California Adult Tuberculosis Risk Assessment User Guide for more information about using this tool. To ensure you have the most current version, go to the TB RISK ASSESSMENT page (https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Risk-Assessment.aspx)

THE CALIFORNIA MARITIME ACADEMY STUDENT HEALTH CENTER

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California Adult TB Risk Assessment User Guide

Avoid testing persons at low risk

Routine testing of persons without risk factors is not recommended and may result in unnecessary evaluations and treatment because of falsely positive test results.

Prioritize persons with risks for progression

If health system resources do not allow for testing of all non-U.S. born persons from a country with an elevated TB rate, prioritize patients with at least one of the following medical risks for progression:

- diabetes mellitus
- smoker within past 1 year
- end stage renal disease
- leukemia or lymphoma
- silicosis
- cancer of head or neck
- intestinal bypass/gastrectomy
- chronic malabsorption
- body mass index ≤20
- History of chest x-ray findings suggestive of previous or inactive TB (no prior treatment). Includes fibrosis or non-calcified nodules, but does not include solitary calcified nodule or isolated pleural thickening. In addition to LTBI testing, evaluate for active TB disease.

United States Preventive Services Task Force

The USPSTF has recommended testing persons born in or former residents of, a country with an elevated tuberculosis rate and persons who live in or have lived in high-risk congregate settings such as homeless shelters and correctional facilities. Because the increased risk of exposure to TB in congregate settings varies substantially by facility and local health jurisdiction, clinicians are encouraged to follow local recommendations when considering testing among persons from these congregate settings. The USPSTF did not review data supporting testing among close contacts to persons with infectious TB or among persons who are immunosuppressed because these persons are recommended to be screened by public health programs or by clinical standard of care.

Children

This risk assessment tool is intended for adults. A risk assessment tool created for use in California for children is available on the TBCB Risk Assessment page. (https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/TBCB-CA-Pediatric-TB-Risk-Assessment.pdf)

Local recommendations

Local recommendations and mandates should also be considered in testing decisions. Local TB control programs can customize this risk assessment according to local recommendations. **Providers should check with local TB control programs for local recommendations.**
A directory of TB Control Programs is available on the CTCA website. (https://www.ctca.org/locations.html)

Mandated testing and other risk factors

Several risk factors for TB that have been used to select patients for TB screening historically or in mandated programs are not included among the components of this risk assessment. This is purposeful in order to focus testing on patients at highest risk. However, certain populations may be mandated for testing by statute, regulation, or policy. This risk assessment does not supersede any mandated testing. Examples of these populations include: healthcare workers, residents or employees of correctional institutions, substance abuse treatment facilities, homeless shelters, and others.

Age as a factor

Age (among adults) is not considered in this risk assessment. However, younger adults have more years of expected life during which progression from latent infection to active TB disease could develop. Some programs or clinicians may additionally prioritize testing of younger non-U.S.-born persons when all non-U.S.-born are not tested. An upper age limit for testing has not been established but could be appropriate depending on individual patient TB risks, comorbidities, and life expectancy.

Foreign travel

Travel to countries with an elevated TB rate may be a risk for TB exposure in certain circumstances (e.g., extended duration, likely contact with persons with infectious TB, high prevalence of TB in travel location, non-tourist travel). The duration of at least 1 consecutive month to trigger testing is intended to identify travel most likely to involve TB exposure. TB screening tests can be falsely negative within the 8 weeks after exposure, so are best obtained 8 weeks after return from travel.

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When to repeat a test
Re-testing should only be done in persons who previously tested negative, and have new risk factors since the last assessment. In general, this would include new close contact with an infectious TB case or new immunosuppression, but could also include foreign travel in certain circumstances.

When to repeat a risk assessment
The risk assessment should be administered at least once. Persons can be screened for new risk factors at subsequent preventive health visits.

IGRA preference in BCG vaccinated
Because IGRA has increased specificity for TB infection in persons vaccinated with BCG, IGRA is preferred over the TST in these persons. Most persons born outside the United States have been vaccinated with BCG.

Previous or inactive tuberculosis
Chest radiograph findings consistent with previous or inactive TB include fibrosis or non-calcified nodules, but do not include a solitary calcified nodule or isolated pleural thickening. Persons with a previous chest radiograph showing findings consistent with previous or inactive TB should be tested for LTBI. In addition to LTBI testing, evaluate for active TB disease.

Negative test for LTBI does not rule out active TB disease
It is important to remember that a negative TST or IGRA result does not rule out active TB disease. In fact, a negative TST or IGRA in a patient with active TB disease can be a sign of extensive disease and poor outcome.

Symptoms that should trigger evaluation for active TB disease
Patients with any of the following symptoms that are otherwise unexplained should be evaluated for active TB disease: cough for more than 2-3 weeks, fevers, night sweats, weight loss, and hemoptysis.

How to evaluate for active TB disease
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 tuberculin skin test or interferon gamma release assay does not rule out active TB disease

Most patients with LTBI should be treated
Persons with risk factors who test positive for LTBI should generally be treated once active TB disease has been ruled out. However, clinicians should not feel compelled to treat persons who have no risk factors but have a positive test for LTBI.

Emphasis on short course for treatment of LTBI
Shorter regimens for treating latent TB infection have been shown to be as effective as 9 months of isoniazid, and are more likely to be completed. Use of these shorter regimens is preferred in most patients. Drug-drug interactions and contact to drug resistant TB are typical reasons these regimens cannot be used.

Shorter duration LTBI treatment regimens

Medication	Frequency	Duration
Rifampin	Daily	4 months
Isoniazid + rifapentine	Weekly	12 weeks*

* 11-12 doses in 16 weeks required for completion.

Patient refusal of recommended LTBI treatment
Refusal should be documented. Recommendations for treatment should be made at future encounters with medical services. If treatment is later accepted, TB disease should be excluded and CXR repeated if it has been more than 6 months from the initial evaluation; or more than 3 months if there is immunosuppression, or the prior CXR was abnormal and consistent with potentially active TB disease.

Resources
Fact Sheets for LTBI Regimens, Isoniazid+Rifapentine, Rifampin, and Isoniazid are available on the TBCB LTBI Treatment page. (www.cdph.ca.gov/LTBITreatment)

U.S. Preventive Services Task Force Latent TB Infection Screening Recommendations are available on the U.S. Preventive Services Task Force website. (https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/latent-tuberculosis-infection-screening)

Abbreviations
AFB= acid-fast bacilli BCG= Bacillus Calmette-Guérin
CXR= chest x-ray DOT= directly observed therapy
IGRA=interferon gamma release assay LTBI= latent TB infection
MDR =multiple drug resistant NAAT= nucleic acid amplification testing
SAT= self-administered therapy TST= tuberculin skin test

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