



Student School Entry TB Risk Assessment Questionnaire

In order to comply with recommendations from the Fresno County Health Officer in a communication dated December 8, 2016, any student new to the district or students returning from travel to a high risk country for ≥ 1 month should have a TB risk assessment completed.

Name of Child _____ Birthdate _____

Contact Number _____ Country child was born in _____

LTBI testing is recommended if any of the 3 boxes below are checked. Please check YES or NO to the questions below:

Yes No **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 • Interferon Gamma Release Assay is preferred over Tuberculin Skin Test for foreign-born persons ≥ 2 years old

Yes No **Immunosuppression**, planned or current HIV infection, organ transplant recipient, treated with TNF-alpha antagonist (e.g., infliximab, etanercept, others), steroids (equivalent of prednisone ≥ 2 mg/kg/day, or ≥ 15 mg/day for ≥ 2 weeks) or other immunosuppressive medication

Yes No **Close contact** to someone with infectious TB disease during lifetime

To the best of my knowledge I have answered the above questions accurately.

Parent/Guardian Signature _____ Date: _____

Form Reviewed by _____ Signature and title RN or LVN _____ Date: _____

To be completed by Student's Primary Care Clinician or FUSD RN or LVN

If there is a "Yes" response to any of the questions above, then TST or IGRA testing should be performed if not already done and no new risk factors acquired.

- NO skin test needed at this time or already had one and no new risk factors found.**
**If the child being screened was previously tested, had a documented negative TST or IGRA result, and has not acquired any new risk factors since the last assessment, then he/she does not need to be re-tested.*
- TST placed _____ read _____ results _____ mm negative or positive (circle one)
- IGRA date ordered _____ results _____
- History of positive TST and negative chest x-ray date of chest x-ray _____

TB Clearance: Many persons are requested to submit evidence of non-communicability with regards to tuberculosis. The currently accepted practice in the State of California is as follows: Patients that are known to have a positive TB skin test and a negative chest x-ray, with or without subsequent INH prophylaxis, in the absence of symptoms are not re-examined periodically with x-rays as was once recommended

Provider's signature/stamp _____ Date _____

Type	Date Given	Where	Time	Given by	Date Read	Time	Read by	mm	Results
									POS NEG