



## Tuberculosis (TB) Risk Assessment Form

The purpose of the TB Risk Assessment Form is to identify children who may be at increased risk for tuberculosis (TB) and may require evaluation and testing. A child with any risk factor described below may be a candidate for TB testing.

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

### ***TB Risk Assessment***

- Has the student had temporary or permanent residence of > 1 month in a country with a high TB rate. Please note any country other than the United States, Canada, Australia, New Zealand, and those countries in Northern Europe or Western Europe.

Yes \_\_\_\_\_ No \_\_\_\_\_

Country of residence \_\_\_\_\_

- Does the student have current or planned immunosuppression including HIV virus, transplant recipient, chronic use of steroids or other immunosuppressive medications that increase their risk for contacting TB ?

Yes \_\_\_\_\_ No \_\_\_\_\_

- Has the child lived with or spent time with someone who has been diagnosed with TB?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes to any of the above, the child has an increased risk of TB infection and should have a TB test performed by their family doctor. Please provide the results of this test to your school nurse.

Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Reference: Centers for Disease Control, CDC Baseline Individual TB Risk Assessment