

CLOVIS UNIFIED SCHOOL DISTRICT

Student School Entry TB Risk Assessment Questionnaire

In compliance with recommendations from the Fresno County Health Officer, 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 _____

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

Yes No **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 • 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 _____ Date: _____
Signature and title RN or LVN

To be completed by Student's Primary Care Clinician or CUSD School Nurse or CUSD 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