The United States Public Health Service and the Centers for Disease Control and Prevention (CDC) recommend that tuberculosis (TB) testing be performed on all individuals who may be at increased risk of TB. Please complete the following form.

1. Was the student born in a country outside of the United States?
   - No
   - Yes
   If yes, what country?

2. Has the student spent three or more consecutive months in a foreign country in the last five years?
   - No
   - Yes
   If yes, what country?

3. Has the student been exposed to or had contact with a person with active TB in the last year?
   - No
   - Yes
   If yes, who?

4. Was the student homeless/incarcerated or did he/she live in a shelter during the last two years?
   - No
   - Yes

5. Does the student have any of the following: persistent cough, coughed up blood, fever for more than one week, unexplained weight loss or HIV infection?
   - No
   - Yes
   If yes, please explain:

6. Is the student currently taking oral steroid medication (other than inhalers), cancer treating drugs or any other medication that might weaken his/her immune system?
   - No
   - Yes
   If yes, please explain:

7. Has the student ever had a positive test for TB or been treated for active TB disease or latent TB infection?
   - No
   - Yes
   If yes, please provide details:

8. Does the student have any of the following medical conditions?
   - Diabetes
   - Malnutrition
   - Cancer
   - Chronic renal failure
   - Congenital or acquired Immunodeficiency
   - G. Silicosis
   - F. Gastrostomy

INSTRUCTIONS FOR HEALTHCARE PROVIDER: Please complete the following when the risk assessment contains one or more positive (yes) answers. Return to the school nurse.

Date of TB test: ______________
- Type of TB Test: TB skin test OR IGRA (interferon gamma release assay)

Test result: ______ mm induration (for TST) OR IGRA result: Positive Negative Indeterminate

CXR ordered? No____ Yes____
- If yes, result:

Treatment provided? No____ Yes____
- If yes, what?

Name of Health Care Provider (please print): _________________________________________________________
Address: ______________________________________________________________________________________
Telephone: ____________________________________________________________________________________
Signature: ______________________________________________________________________________________

Revised March 2015
SCHOOL BOARD POLICY FOR TUBERCULOSIS SCREENING REQUIREMENTS

I. Students entering school for the first time or returning after three months outside the United States must provide documentation from a licensed physician, nurse practitioner, physician assistant or registered nurse prior to entry of a:

   A. TB Risk Assessment documenting low risk for TB disease. All answers on the Risk Assessment should be negative. BCG vaccination does not exclude student from following protocol. – OR –

   B. Documentation of a negative TB (Mantoux) skin test or interferon gamma release assay within the past 12 months or after exposure. – OR –

   C. Written documentation of having successfully completed treatment for active tuberculosis disease.

II. Students shall be excluded from school until the TB policy requirement is met. As part of the risk assessment and targeted screening process, questions arise concerning the definition “high prevalence country” for the purposes of completing the risk assessment tool and determining who should receive a test for tuberculosis (either a tuberculin skin test (TST) or interferon gamma release assay (IGRA)).

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