



# Tuberculosis Screening (Name \_\_\_\_\_)

*For use only by new students or those entering Grade 6.*

INSTRUCTIONS TO PARENTS: Please answer all questions. Present this document to your physician at the time of the physical examination. Your physician will determine if your child needs to have the appropriate tests to check for tuberculosis.

## TUBERCULOSIS SCREENING RISK FACTOR QUESTIONNAIRE

TEST FOR TB INFECTION USING THE AVAILABLE TB SCREENING TESTS (IGRAs or PPD)  
IF RISK FACTORS ARE PRESENT.

1. Has the student moved to Japan from any countries in Africa, Latin America, Eastern Europe, or Asia (except for South Korea) within the past year? \_\_\_\_\_

If yes, which country? \_\_\_\_\_

2. Has the student received any tuberculosis screening examinations or tests in Japan? \_\_\_\_\_

If yes, type and date of examination/test \_\_\_\_\_

3. Has the student been exposed to anyone with TB infection? \_\_\_\_\_

If yes, when did the exposure occur? \_\_\_\_\_

What was the nature of the contact? \_\_\_\_\_

4. Has the student ever had TB, tested positive for TB, or taken medication for TB? \_\_\_\_\_

If yes, give details. \_\_\_\_\_

5. Has the student had a cough or phlegm for more than 1 month? \_\_\_\_\_

If yes, give details. \_\_\_\_\_

Parent/guardian Signature: \_\_\_\_\_ Date (m/d/y): \_\_\_\_\_