



Tuberculosis Screening (Name _____)

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

Returning grade 9 students do not need to complete tuberculosis screening.

INSTRUCTIONS TO PARENTS: Please answer all the 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 Tuberculin skin test (PPD) or chest x-ray.

TUBERCULOSIS SCREENING RISK FACTOR QUESTIONNAIRE

TEST FOR TB INFECTION USING THE PPD SKIN TEST ONLY IF RISK FACTORS ARE PRESENT.

If any risk factors are present (a YES answer), place a PPD.

If answers to all questions are NO, a PPD is not indicated.

1. Was the student born outside the United States, Japan, or Korea? _____

If yes, where was the child born? _____

(If child was born in Africa, Latin America, Eastern Europe or other Asian countries, place a PPD)

2. Has the student traveled outside the United States, Japan, or Korea? _____

If yes, which country? _____

With whom did the student stay? _____

How long did the student stay? _____

(If student stayed with friends or family members in Africa, Latin America, Eastern Europe or other Asian countries and stayed for more than 2-4 weeks cumulatively, place a PPD)

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? _____

(If confirmed that student has been exposed to someone with suspected or known TB disease, place a PPD)

4. Does the child have close contact with a person who has a positive TB skin test? _____

If yes, when did the exposure occur? _____

What was the nature of the contact? _____

(If confirmed that student has been in close contact with someone with a positive TB skin test, place a PPD)

5. Has the student ever had TB, tested positive for TB, or taken medications for TB? _____

If yes, give details _____

6. Has the student had a cough or phlegm for more than 2 weeks? _____

If yes, give details _____

Parent/guardian Signature _____ **Date (m/d/y)** _____