

# SCC Public Health Department Tuberculosis (TB) Risk Assessment (RA) for School Entry

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
Last, First Month/Day/Year

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ School /Grade: \_\_\_\_\_  
Street, City, Zip Code

**This form must be completed by a licensed health professional in the U.S. and returned to the child's school.**  
 Re-testing should only be performed if the student has new TB risk factor since the last screening.

1. Was your child born in, resided, or traveled (for more than one month) to a country with an elevated rate of TB? \*  Yes  No
2. Has your child been in close contact to anyone with TB disease in their lifetime?  Yes  No
3. Is your child immunosuppressed; current, or planned? (e.g., due to HIV infection, organ transplant, treatment with TNF-alpha antagonist or high-dose systemic steroids (e.g., prednisone ≥ 15 mg/day for ≥ 2 weeks).  Yes  No

\*Most countries other than the U.S., Canada, Australia, New Zealand, or countries in western or northern Europe. This does not include tourist travel for <1 month (i.e., travel that does not involve visiting family/friends, or significant contact with the local population).

If **YES**, to any of the above questions (new TB risk factor since last screening), the child has an increased risk of TB and should have a TB blood test or a tuberculin skin test (TST) unless there is a documented prior positive IGRA or TST. All children with a positive IGRA/TST result must have a medical evaluation, including a chest x-ray (CXR) (posterior-anterior and lateral for children <5 years old). If there are no symptoms or signs of TB disease and the CXR is normal, the child should be treated for (LTBI) to prevent progression to TB disease. If a child has documentation of previous treatment for LTBI or TB disease and has no symptoms, they should not undergo skin or blood testing and do not need a new chest X-ray.

**If child's X-ray is not normal OR there are symptoms that suggest TB, call SCC TB Program (408)792-1381**

<b>Enter test results for all children with a positive risk assessment:</b>	
Date of IGRA: _____	Results: <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Indeterminate
Tuberculin Skin Test (TST/Mantoux/PPD) Date placed: _____ Date Read: _____	Induration: _____ mm Results: <input type="checkbox"/> Negative <input type="checkbox"/> Positive
Chest X-ray Date: _____	Impression: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
<input type="checkbox"/> LTBI Treatment Start Date: _____ <input type="checkbox"/> Rifampin daily - 4 months <input type="checkbox"/> Isoniazid/Rifapentine - weekly X 12 weeks <input type="checkbox"/> Isoniazid and Rifampin daily - 3 months <input type="checkbox"/> Isoniazid daily - 9 months	<input type="checkbox"/> Prior TB/LTBI Treatment (Rx/duration): _____ <input type="checkbox"/> Treatment Medically Contraindicated <input type="checkbox"/> Declines Against Medical Advise
Please check one of the boxes below and sign:	
<input type="checkbox"/> Child has no TB symptoms, no risk factors for TB, and does not require a TB test <input type="checkbox"/> Child has a risk factor, has been evaluated for TB and is free of active TB disease. <input type="checkbox"/> Child has no new risk factors since last negative IGRA/TST and has no symptoms. <input type="checkbox"/> Child has no TB symptoms. Appointment for RA/TB test/chest x-ray scheduled on: _____	
_____ <small>Health Care Provider Signature, Title</small>	
_____ <small>Date</small>	
Name/Title of Health Care Provider:	
Facility/Address:	
Phone Number:	