

# Fredericksburg City Public Schools

Screening Created by PD 16 School Health TEAM

## TUBERCULOSIS RISK ASSESSMENT FOR ALL NEW STUDENTS - CONFIDENTIAL

NAME: \_\_\_\_\_ GRADE/SCHOOL: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

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?

a. Diabetes	No	Yes	f. Gastrectomy	No	Yes
b. Malnutrition	No	Yes	g. Silicosis	No	Yes
c. Cancer	No	Yes			
d. Chronic renal failure	No	Yes			
e. Congenital or acquired Immunodeficiency	No	Yes			

**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 : \_\_\_\_\_

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)).

III. Countries at low-risk for tuberculosis (defined as less than 20 TB cases per 100,000 population)

<b>Current Exception List – March 2015</b> (case rates from WHO 2014 Global Report) <b>Test for Latent TB Infection Only if Symptomatic or an Additional Individual Risk Factor is Present</b>					
<b>African Region</b>	<b>American Region</b>	<b>Eastern Mediterranean</b>	<b>European Region</b>	<b>Western Pacific Region</b>	<b>Southeast Asia Region</b>
Egypt	Antigua & Barbuda Antilles Aruba Bahamas Barbados Bonaire, Saint Eustatius and Saba Canada Caymen Islands Chile Costa Rica Cuba Curacao Dominica Grenada Jamaica Montserrat Puerto Rico Saint Kitts & Nevis Saint Lucia Sint Maarten (Dutch Part) Turks & Caicos United States Virgin Islands (US & BR)	Bahrain Israel Jordan Lebanon Oman Saudi Arabia Syrian Arab Republic United Arab Emirates West Bank and Gaza Strip	Albania Andorra Austria Belgium Croatia Cyprus Czech Republic Denmark Finland Former Yugoslav Republic of Macedonia France Germany Greece Hungary Iceland Ireland Italy Luxembourg Malta Monaco Netherlands Norway San Marino Serbia Slovakia Spain Sweden Switzerland Turkey United Kingdom	American Samoa Australia Cook Islands Japan New Caledonia New Zealand Niue Samoa Tokelau Tonga Wallis & Futuna Islands	No exception countries