

Delaware Department of Education¹
Student Tuberculosis (TB) Risk Assessment Questionnaire

Prior to use of this form, the school nurse must review the student's health records and assure that the student is compliant with the requirement for a current physical (within past 2 years) and up-to-date immunizations. The questionnaire must be administered by the school nurse to the parent/guardian in person or by phone and signed by the parent who answered the questions.

Name: _____
Last First MI

Date of Birth: ___/___/___ Date Form Completed ___/___/___

1. Has your child had any contact with anyone with an active infectious TB disease?
2. Was any household member, including your child, born in or has he/she traveled to areas where TB is common (refer to the list, provided by the Delaware Division of Health, which is based on World Health Organization data).
3. Does your child have regular (i.e., daily) contact with adults at high risk for TB (i.e., those who are HIV infected, homeless, incarcerated, and/or illicit drug users)?
4. Does your child have any health conditions or take medications that might affect his/her immune system?

Any "yes" response is considered a positive risk factor and is an indication for administering a Mantoux tuberculin skin test or a TB blood test, such as The Quantiferon TB Gold Test, to the child.

This child has been screened by his/her school nurse for risk of exposure to tuberculosis. Based upon the results of the TB Risk Assessment Questionnaire the child,

does not require a Tuberculosis Test

does require a Tuberculosis Test

TB testing and documentation must be completed and given to the school nurse by ___/___/___ (date) or your child will be excluded from school.

School Nurse comments: _____

School Nurse (signature) _____

I give permission for the school nurse and my child's primary care physician _____ (name of physician) to share information relating to this form.

Parent/Guardian (signature) _____

¹ Student questionnaire was developed in collaboration with the Delaware Division of Public Health, 8/2004, with revisions 7/2010. Regulation 805, The School Health Tuberculosis (TB) Control Program, can be accessed at <http://www.state.de.us/research/AdminCode/title14/800>