

TUBERCULOSIS RISK ASSESSMENT FOR ALL NEW STUDENTS - CONFIDENTIAL

NAME: _____ GRADE/SCHOOL: _____

PARENT/GUARDIAN: _____ DATE: _____

Code of Virginia 22.1-300 recommends that tuberculosis (TB) testing be performed on all individuals who may be at increased risk of TB. Please complete the following risk assessment below OR provide documentation from of a negative TB test within the last 3 months or documentation of treatment with no current symptoms.

1. Was the student born in a country outside of the United States?
 No Yes If yes, which country? _____
2. Is the student's parent/guardian/caretaker from a country outside of the United States?
 No Yes If yes, which country? _____
3. Has the student spent three or more consecutive months in a foreign country?
 No Yes If yes, which country? _____
4. Has the student been exposed to or in contact with a person known to have infectious TB??
 No Yes If yes, who? _____
5. Has the student been homeless/incarcerated, or lived in a shelter during the last two years?
 No Yes
6. Does the student live or work in a homeless shelter, correctional facility, nursing home, or long-term care facility?
 No Yes
7. Students 6 years and older: Does the student have any of the following: persistent cough, coughed up blood, fever for more than one-week, unexplained weight loss, poor appetite, night sweats, or fatigue?
 No Yes If yes, please explain: _____

Students under 6 years: Does the student have any of the following: Persistent cough, fever for more than one week, wheezing, poor appetite, failure to thrive (trouble gaining weight), decreased activity/playfulness/energy, lymph node swelling (neck, groin, armpit), personality changes?

No Yes If yes, please explain: _____

8. 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: _____

9. 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: _____
10. Does the student have any of the following medical conditions (circle yes or no)?

Diabetes	No	Yes	Silicosis	No	Yes
Malnutrition	No	Yes	Jejunioileal Bypass	No	Yes
Head/Neck Cancer	No	Yes	Solid organ Transplant	No	Yes
Chronic Renal Failure or Hemodialysis	No	Yes	HIV	No	Yes
Congenital or Acquired Immunodeficiency	No	Yes	Injection Drug Use	No	Yes
Gastrectomy	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:

SCHOOL BOARD POLICY FOR TUBERCULOSIS SCREENING REQUIREMENTS

- 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)).