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STUDENT NAME [FIRST & LAST]

_____ _____

DOB

TUBERCULOSIS RISK ASSESSMENT FORM

THIS QUESTIONNAIRE MUST BE COMPLETED BY PARENT/GUARDIAN ANNUALLY

Parents, please complete this form on **secure.magnushealthportal.com**. If you answer yes to any questions, the medical evaluation for latent tuberculosis form must be completed by your healthcare provider.

PLEASE ANSWER THESE QUESTIONS ABOUT YOUR STUDENT:

Has the student ever had a positive Tuberculosis test?

Yes No

Was the student born or have they lived in a high-risk area for incidence of TB: Africa, Eastern Europe, Asia, Middle East, Central/South America, Russia?

Yes No

Has the student traveled to any of these areas: Africa, Eastern Europe, Asia, Middle East, Central/South America, Russia in the past year?

Yes No

Has the student ever had close contact with someone diagnosed with Tuberculosis?

Yes No

Is the student's immune system compromised [such as receiving treatment for cancer, on long term steroids, organ transplant recipient, HIV/AIDS]?

Yes No

Has the student received the BCG immunization with the past year?

Yes No

If you have answered yes to any of these questions, the form Medical Evaluation for Latent Tuberculosis Form must be downloaded and completed by a healthcare provider. Please download the Medical Evaluation form for your healthcare provider and upload completed form to the Magnus Health Portal [secure.magnushealthportal.com].

IF YOU HAVE ANSWERED NO TO ALL OF THESE QUESTIONS NO FURTHER ACTION IS REQUIRED.