

New Student Tuberculosis Risk Assessment

Student Name: _____ Grade: _____ Date: _____
First Middle Last

Tuberculosis (also known as TB) is a bacterial infection that can cause pneumonia, fever, and weight loss as well as involve other systems of the body. Some people who acquire the disease are very ill. Others have few or no symptoms. It is transmitted through the air from person to person. Control of the diseases is based on early detection as well as treatment of exposed people with antibiotics. Skin tests such as a PPD (Purified Protein Derivation) test may aid in the early diagnosis of exposure to TB.

Is your child entering Mansfield Public Schools from outside the United States? Yes No

➤ If yes, from where? _____

Any student entering Mansfield Public Schools from high risk countries* (see reverse side of this form for complete listing), must have a PPD or Mantoux test done and read prior to entry.

Also, **any student returning** from travel to these countries who stayed at least one week and interacted with the local population, including local family and friends, requires a TB risk assessment skin test; such testing can take place 8-10 weeks after returning to the United States.

Any student entering Mansfield Public Schools from within the United States must complete the following TB Risk Assessment questionnaire. Please check the appropriate box for each question below.

1. Was your child born outside of the United States? Yes No
2. Has your child traveled outside the United States? Yes No
 Where? _____ For how long? _____
3. Has your child been exposed to anyone with TB disease or a positive TB test? Yes No
4. Does your child spend time with anyone who has been in jail (or prison) or a shelter, uses illegal drugs, or has HIV? Yes No
5. Does your child have a household member who was born outside the United States? Yes No
6. Does your child have a household member who has traveled outside the United States? Yes No

Comments: _____

Parent Signature: _____ Date: _____

For Office Use Only

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|---------------------------------------|------------------------------|-----------------------------|
| Risk Factors: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| PPD Required: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Physician's Statement Required: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Interviewer Signature: _____ | | |

Revised November 22, 2011