

DELAWARE DEPARTMENT OF EDUCATION Tuberculosis (TB) Risk Assessment Questionnaire for Students¹

Prior to use of this form, the school nurse must review the student's health record and assure that the student is compliant with the requirements for a current health examination (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 person who answered the questions.

Name: _____
Last First MI

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

*Please circle
ANSWER Yes or NO.*

- Yes or NO* 1. Has your child had close contact² with anyone with an active infectious TB disease?
- Yes or NO* 2. Was any household member, including your child, born in or has he/she traveled to area(s) where TB is common? (Refer to the TB-Endemic Countries list provided by the Delaware Division of Public Health.)
- Yes or NO* 3. Does your child have regular (i.e., daily) contact with adults at high risk for TB (i.e., those who are HIV infected, homeless³, incarcerated⁴, and/or illicit drug users)?
- Yes/NO* 4. Does your child have a history of HIV infection, living in a shelter, incarceration, or illicit drug use?
- Yes/NO* 5. Does your child have any health conditions or take medications that might affect his/her immune system?
- Yes/NO* 6. Has your child ever had a positive test for tuberculosis?

Any "yes" response to questions 1 - 5 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 Gold TB Test, to the child.

A "yes" response to question 1 -6 indicates probable previous exposure to TB, and requires medical follow-up to evaluate medical status.

Will be completed By Nurse

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 documentation related to current disease status
- 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) _____

*Parent/Guardian (signature) *sign here* _____

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

Name _____ Date _____
 Parent/Guardian (signature)

¹TB assessment is required by Regulation 805, <http://regulations.delaware.gov/AdminCode/title14/800/805>. The questionnaire was developed by Delaware Department of Education and the Division of Public Health. Revised 7/1/13, 5/2015.
²CDC describes "close contact" as prolonged, frequent, or intense contact with a person with TB, while he/she was in infectious.
³The term "homeless" means a situation where the person lived in a shelter or with others.
⁴Incarceration should be longer than one week.