

## DELAWARE DEPARTMENT OF EDUCATION Tuberculosis (TB) Risk Assessment Questionnaire for Students<sup>1</sup>

*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 \_\_\_/\_\_\_/\_\_\_

1. Has your child had close contact<sup>2</sup> with anyone with an active infectious TB disease? YES 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 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, homeless<sup>3</sup>, incarcerated<sup>4</sup>, and/or illicit drug users)? YES NO
4. Does your child have any health conditions or take medications that might affect his/her immune system? YES NO
5. Has your child ever had a positive test for tuberculosis? YES NO

Any "yes" response to questions 1 - 4 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 5 indicates probable previous exposure to TB, and requires medical follow-up to evaluate medical status.

**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) \_\_\_\_\_

✕ -----

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)

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