SCC Public Health Department Tuberculosis (TB) Risk Assessment for School Entry

Child's Name: _____ Date of Birth: _____ Sex: _____
Last, First Month/Day/Year

Address: _____ Phone:_____ School /Grade: _____
Street, City, Zip Code

This form must be completed by a licensed health professional in the U.S. Re-testing should only be done in persons who previously tested negative and have new risk factors since the last assessment

1. Was your child born in, resided, or traveled (for more than one month) to a country with an elevated rate of TB? Most countries other than the U.S., Canada, Australia, New Zealand, or a country in western or northern Europe. This does not include tourist travel for <1 month (i.e., travel that does not involve visiting family or friends, or involve significant contact with the local population).
2. Has your child been in close contact to anyone with TB disease in their lifetime?
3. Is your child immunosuppressed; current, or planned? (e.g., due to HIV infection, organ transplant, treatment with TNF-alpha antagonist or high-dose systemic steroids (e.g., prednisone ≥ 15mg/day for ≥ 2 weeks).

Does your child have any of the above risk factors? ☐ Yes ☐ No

If YES, to any of the above questions (new TB risk factor since last screening), the child has an increased risk of TB and should have a TB blood test or a tuberculin skin test (TST) unless there is a documented prior positive IGRA or TST. All children with a positive IGRA/TST result must have a medical evaluation, including a chest x-ray (CXR) (posterior-anterior and lateral for children <5 years old). If there are no symptoms or signs of TB disease and the CXR is normal, the child should be treated for (LTBI) to prevent progression to TB disease. If a child has documentation of previous treatment for LTBI or TB disease and has no symptoms, they should not undergo skin or blood testing and do not need a new chest X-ray.

If child's X-ray is not normal and there are symptoms that suggest TB, call SCC TB Program (408)792-1381

Enter test results for all children with a positive risk assessment:

Date of IGRA: _____	Results: ☐ Negative ☐ Positive ☐ Indeterminate
Tuberculin Skin Test (TST/Mantoux/PPD) Date placed: _____ Date Read: _____	Induration: _____ mm Results: ☐ Negative ☐ Positive
Chest X-ray Date: _____	Impression: ☐ Normal ☐ Abnormal
☐ LTBI Treatment Start Date: _____ ☐ Rifampin daily - 4 months ☐ Isoniazid/Rifapentine - weekly X 12 weeks ☐ Isoniazid and Rifampin daily - 3 months ☐ Isoniazid daily - 9 months	■ Prior TB/LTBI Treatment (Rx/duration): _____ _____ ☐ Treatment Medically Contraindicated ☐ Declines Against Medical Advise

Please check one of the boxes below and sign:

☐ Child has no TB symptoms, no risk factors for TB, and does not require a TB test
☐ Child has a risk factor, has been evaluated for TB and is free of active TB disease.
☐ Child has no new risk factors since last negative IGRA/TST and has no symptoms.
☐ Child has no TB symptoms. Appointment for RA/TB test/chest x-ray scheduled on:

_____ _____
Health Care Provider Signature, Title Date

Name/Title of Health Care Provider:
Facility/Address:
Phone Number: