

Delaware Department of Education¹
Student TB Risk Assessment Questionnaire

Name: _____
 Last First MI

Date of Birth: ____/____/____ Date Form Completed ____/____/____

1. Has your child had any contact with a case of TB?
2. Was any household member, including your child, born in or has he/she traveled to areas where TB is common (i.e., Africa, Asia, Latin America, and the Caribbean)?
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, incarcerated, and/or illicit drug users)?
4. Does your child have any health conditions or take medications that might affect his/her immune system?

Any "yes" response is considered a positive risk factor and is an indication for administering a Mantoux tuberculin skin test to the child.

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 Mantoux skin test
- ___ **does** require a Mantoux skin test

Mantoux testing and documentation is required to be completed and given to the school nurse by ____/____/____ (date) or your child will be excluded from school.

School Nurse comments: _____

School Nurse (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.

Parent/Guardian (signature) _____