Student Name:____**Birthdate:** ________________

(Last Name) (First Name) (Middle Initial)

Delaware Department of Education

CONFIDENTIAL TUBERCULOSIS (TB) RISK ASSESSMENT QUESTIONNAIRE FOR STUDENTS[1]

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.

Please consider the following questions and circle only ONE response in the box below[5]

Can you answer "yes" to *any* of the questions below?	
1. Has your child had close contact[2] with anyone with an active infectious TB disease? 2. Was any household member, including your child, born in or has he/she traveled to area(s) where TB is common? Per the Delaware Division of Public Health, this includes birth, travel or residency in a country with an elevated TB rate for at least 1 month. This includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe. 3. Does your child have regular close contact with adults at high risk for TB (e.g. those who are HIV infected, homeless[3], incarcerated[4], and/or illicit drug users)? 4. Does your child have a history of living in a shelter, incarceration, or illicit drug use? 5. Does your child have any health conditions or take any medications that might affect his/her immune system increasing their risk for developing active TB (such as organ transplant recipient, diabetes, chronic renal failure, malnutrition, HIV/AIDS, TNF-alpha antagonists ["biologics"], or steroids [equivalent op prednisone $\geq$2mg/kg/day or $\geq$15mg/day for $\geq$2 weeks)? 6. Has your child ever had a positive test for tuberculosis?	**YES** ☐ **NO** ☐

A "yes" response to question 1-6 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 requires written documentation related to current disease status or 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): ____________________________________Date:_________________________

Parent/Guardian (signature): ___________________________________Date:_______________________

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I give permission for the school nurse and my child's primary care physician ___________________ to share information related to this form.

[1]TB assessment is required by Regulation 805, http://regulations.delaware.gov/AdminCode/title14/800/805.This questionnaire was developed by the Delaware Department of Education and the Division of Public Health. Revised 7/1/13, 5/2015, 4/2018, 12/2019.
[2]CDC describes "close contact" as prolonged, frequent, or intense contact with a person with TB, while he/she was in infectious.
[3]The term "homeless" means a situation where the person lived in a shelter or with others.
[4]Incarceration should be longer than one week
[5]To maintain confidentiality of medical information, the parent/guardian should not provide an individual answer to each question. The response of "yes" indicates that at least *one* of the six questions is correct, which means a possible exposure. The parent/guardian should not indicate which one.