POTTSGROVE SCHOOL DISTRICT
TUBERCULOSIS RISK ASSESMENT QUESTIONNAIRE

STUDENT NAME:____GRADE__________

1. Was the child born outside the United States? **Yes / No.**
   If yes, what country?______________________________________.
   *If the TB incidence rate of this country is ≥ 20 per 100,000 cases as per the World Health Organization (WHO) document, then testing is required within 30 days of admission to school.

2. Has the child traveled outside the U.S. for ≥ 90 days? **Yes / No.**
   If yes, what country?________________________________.
   *If the TB incidence rate of this country is ≥ 20 per 100,000 cases as per the World Health Organization (WHO) document, then testing (performed in the U.S.) is required within 8-10 weeks of return to the United States.

3. Does the child or any immediate family member have any symptoms of active tuberculosis such as unexplained fever, cough greater than 3 weeks, night sweats, blood in sputum, loss of appetite or unexplained weight loss? **Yes/ No.**
   ***If the answer is yes to any of these symptoms please refer the student to the MCHD or Primary Physician for medical clearance prior to admission to class.**

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Please answer questions 4, 5, & 6 together at the bottom of the page.

4. Has the child or any immediate family member been in contact with anyone known or suspected to have tuberculosis?

5. Has the child or any immediate family member been exposed to anyone who has HIV or an immune system abnormality?

6. Has the child or any immediate family member used illegal drugs injected into their veins?

__________My answer to questions 4, 5, and 6 is **No.**

__________My answer to one or more of questions 4, 5, and 6 is **Yes.**
*Refer student to the MCHD or Primary Physician for medical clearance.

Parent Name: ________________________________Date: __________

Parent Signature: ____