

**Delaware Department of Education<sup>1</sup>**  
**Student TB Risk Assessment Questionnaire**

*Prior to the use of this form, the school nurse must review the student's health records and assure that the student is compliant with the requirement for a current physical (within the past 2 years) and up-to-date on immunizations. The questionnaire must be administered by the school nurse to the parent/guardian in person or by phone and signed by the parent who answered the questions.*

Name: \_\_\_\_\_  
Last First MI

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Date Form Completed: \_\_\_/\_\_\_/\_\_\_

1. Has your child had any contact with a case of TB? **YES / NO**
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)? **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, incarcerated, 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**

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 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  
\_\_\_/\_\_\_/\_\_\_ (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) \_\_\_\_\_

<sup>1</sup> Student questionnaire was developed in collaboration with the Division of Public Health. 8/04, Regulation 805, The School Health Tuberculosis (TB) control Program, can be accessed at <http://www.state.de.us/research/AdminCode/title14/800>