

**Student Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_  
 (Last Name) (First Name) (Middle Initial)

**Delaware Department of Education  
 CONFIDENTIAL TUBERCULOSIS (TB) RISK ASSESSMENT QUESTIONNAIRE  
 FOR STUDENTS<sup>1</sup>**

*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<sup>5</sup>**

<b>Can you answer "yes" to any of the questions below?</b>	
<ol style="list-style-type: none"> <li>1. Has your child had close contact<sup>2</sup> with anyone with an active infectious TB disease?</li> <li>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.</li> <li>3. Does your child have regular close contact with adults at high risk for TB (e.g. those who are HIV infected, homeless<sup>3</sup>, incarcerated<sup>4</sup>, and/or illicit drug users)?</li> <li>4. Does your child have a history of living in a shelter, incarceration, or illicit drug use?</li> <li>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 <math>\geq 2</math>mg/kg/day or <math>\geq 15</math>mg/day for <math>\geq 2</math> weeks])?</li> <li>6. Has your child ever had a positive test for tuberculosis?</li> </ol>	<b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>

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: \_\_\_\_\_

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

<sup>1</sup>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.

<sup>2</sup>CDC describes "close contact" as prolonged, frequent, or intense contact with a person with TB, while he/she was in infectious.

<sup>3</sup>The term "homeless" means a situation where the person lived in a shelter or with others.

<sup>4</sup>Incarceration should be longer than one week

<sup>5</sup>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.