Middlesex School TB Risk Assessment Form

(To be completed by medical provider)

The purpose of the TB Risk Assessment Form is to identify children who may be at increased risk for tuberculosis (TB) and may require evaluation and testing. Any risk factor described below is an indication for TB testing.

Child's Name: ___________________________________ DOB:_______________Date: ________________

TB Risk Assessment	**Yes**	**No**
Was the child born in Africa, Asia and Pacific Islands (except Japan), Central America, South America, Mexico, Eastern Europe, the Caribbean or the Middle East? If yes, in what country was the child born? ____	☐	☐
Has the child lived or traveled in Africa, Asia and Pacific Islands (except Japan), Central America, South America, Mexico, Eastern Europe, the Caribbean or the Middle East for more than one month?	☐	☐
In the last 2 years, has the child lived with or spent time with someone who has been sick with TB?	☐	☐
Have any members of the child's household come to the United States from another country?	☐	☐
Does the child have any history of immunosuppressive disease or take medications that might cause immunosuppression?	☐	☐

Test for TB

Test, using a TST or IGRA, only those Students identified to be at risk of exposure using Assessment above.
IGRA is the preferred test for Students with a history of BCG.

TB Test Documentation

If TB test is NOT required please indicate: Low Risk _________ Date: ___________ (MM/DD/YY)

If TB test is required, please indicate TB Test Type and Results:

Tuberculin Skin Test Plant Date: __________ (MM/DD/YY) TST Read Date: __________ (MM/DD/YY)

TST Result: ______(Millimeters of Induration) TST interpretation: Positive______ Negative ______

Interferon-Gamma Release Assay (IGRA) performed on: ___________ (MM/DD/YY)

IGRA Interpretation: Positive _______ Negative _______

Indeterminate/Borderline (requires repeat test)_________

Medical Provider Signature:____**Date:**__________________

Please Print Name of Examiner____

Group Practice____**Telephone**______________

Address____

City/State/Country/ZipCode____

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