



California School Tuberculosis (TB) Risk Assessment Questionnaire for Pre-K – 12th Grade Schools



- Use of this questionnaire is required by California Education Code sections 49406 and 87408.6, and Health and Safety Code sections 1597.055 and 121525-121555. ^
- The following questions are designed to determine whether a tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA) is indicated for your pediatric patient. According to recent CDC guidelines, a TST is preferred for a child less than 5 years of age. If a child is 5 years of age or older and is foreign-born, then an IGRA is preferred.

Name of Child: _____

Assessment Date: _____

Date of Birth: _____

History of Tuberculosis Disease or Infection (Check appropriate box below)

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Yes

- If there is a documented history of positive TB test or TB disease, then a symptom review and chest x-ray (if none performed in the previous 6 months) should be performed at initial hire by a physician, physician assistant, or nurse practitioner. If the x-ray does not have evidence of TB, the person is no longer required to submit to a TB risk assessment or repeat chest x-rays.

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No (Assess for Risk Factors for Tuberculosis using box below)

TB testing is recommended if any of the 3 boxes below are checked

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One or more sign(s) or symptom(s) of TB disease

- TB symptoms include prolonged cough, coughing up blood, fever, night sweats, weight loss, or excessive fatigue.

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Birth, travel, or residence in a country with an elevated TB rate for at least 1 month

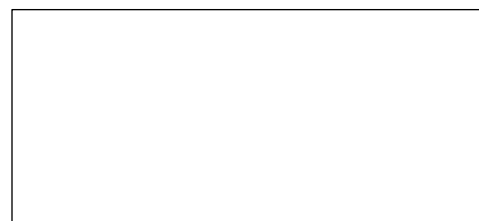
- Includes countries other than the United States, Canada, Australia, New Zealand, or Western and North European countries.
- Interferon gamma release assay (IGRA) is preferred over tuberculin skin test (TST) for non-US-born persons.

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Close contact to someone with infectious TB disease during lifetime

The law requires that a health care provider administer this questionnaire. A health care provider, as defined for this purpose, is any organization, facility, institution or person licensed, certified or otherwise authorized or permitted by state law to deliver or furnish health services. The patient does not have risk factors, or if tuberculosis risk factors were identified, the patient has been examined and determined to be free of infectious tuberculosis.

Physician's Signature _____



DOCTOR'S OFFICE STAMP