

**EDWIN O. SMITH HEALTH SERVICES**  
**STUDENT TUBERCULOSIS RISK ASSESSMENT**

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Tuberculosis (TB) is a bacterial infection that can cause pneumonia, fever, and weight loss as well as involve other systems of the body. Some people who acquire the disease are very ill. Others have few or no symptoms. It is transmitted through the air from person to person. Control of the disease is based on early detections as well as treatment of exposed people with antibiotics. Skin tests such as: Tuberculin Skin Test (TST) or Mantoux test or Interferon gamma release assays (IGRAs) may aid in the early diagnosis of exposure to TB.

*Connecticut General Statutes Sec. 10-206 (b) and (c)* mandate that each student has a health assessment, which includes tuberculosis test or risk assessment at three time periods during his/her primary and secondary school education: "prior to public school enrollment", during Grade 6 or 7, and during Grade 9 or 10.

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Please complete the following questions. If you answer yes, please explain your answer.

- 1. Was your child born outside of the United States?                      YES      NO**

If born in any of the countries in the attached list, a TST or IGRA should be performed (Note: IGRAs are not recommended for children <5 years old).

- 2. Has your child traveled outside the U.S.?                      YES      NO**

If the child traveled to any of the listed countries, stayed for >2 weeks and interacted with the local population, including local family or friends, then a TST or IGRA should be performed. For most children, testing, after evaluation for possible signs and symptoms of TB disease or exposure to a person with contagious pulmonary TB, can take place 8-10 weeks after return to the United States.

- 3. Has your child been exposed to anyone with TB disease?                      YES      NO**

If yes, determine whether the person had TB disease or latent TB infection, when the exposure occurred and what the nature of the contact was. If it is confirmed that the person had known or suspected TB disease, a TST or IGRA should be performed.

4. Does your child have close contact with someone with a positive TST or IGRA? YES NO

If yes, see previous question for follow-up information needed.

5. Does your child live with anyone who has been in jail or prison, a shelter, who injects illegal drugs or has HIV? YES NO

If yes, then a TST or IGRA should be performed.

6. Has your child eaten unpasteurized cheese from Mexico or Central America since their last TST or IGRA? YES NO

If yes, a TST or IGRA should be performed.

7. Does your child have a household member who has traveled outside of the United States (including persons who take care of the child in the home)? YES NO

If yes, and the person is from a country on the attached list, a TST or IGRA should be performed.

Comments: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

\_\_\_\_\_

**FOR OFFICE USE ONLY**

Risk Factors: \_\_\_\_\_ YES NO

TST/IGRA Required: \_\_\_\_\_ YES NO

Physician Statement Required: \_\_\_\_\_ YES NO

Interviewer Signature: \_\_\_\_\_

