

Child's Name: _____ Birthdate: _____ Male/Female School: _____
Last, First month/day/year

Address _____ Phone: _____ Grade: _____
Street City Zip

SantaClaraCountyPublicHealthDepartment
TBRiskAssessmentfor SchoolEntry

This form must be completed by a licensed health professional and returned to the child's school.

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|--|------------------------------|-----------------------------|
| 1. Was your child born in Africa, Asia, Latin America, or Eastern Europe? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Has your child traveled to a country with a high TB rate* (for more than a week)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Has your child been exposed to anyone with tuberculosis (TB) disease? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Has a family member or someone your child has been in contact with had a positive TB test or received medications for TB? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Was a parent, household member or someone your child has been in close contact with, born in or traveled to a country with a high TB rate?* | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Has another risk factor for TB (i.e. one of those listed on the back of this page)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

* This includes countries in Africa, Asia, Latin America or Eastern Europe. For travel, the risk of TB exposure is higher if a child stayed with friends or family members for a cumulative total of 1 week or more.

If YES, to any of the above, the child has an increased

