



Tuberculosis (TB) Risk Assessment for Alaska Schools

KENAI PENINSULA BOROUGH SCHOOL DISTRICT HEALTH SERVICES

Dear Parent/Guardian or School Nurse:

- Please complete this TB risk assessment on your student who is **New to the School District** in any grade.

Student Name _____ Date of Birth: _____	
Assessment reviewed by: _____ Date: _____	
TB testing is required if any of the “YES” boxes below are checked	
Close contact to someone with infectious TB during their lifetime <small>Re-testing should only be done in children who previously tested negative and have had new close contact with an infectious TB case since the last assessment</small>	Yes <input type="checkbox"/>
Birth, travel or residence in a country with an elevated TB rate for at least 1 month <ul style="list-style-type: none"> • Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe 	Yes <input type="checkbox"/>
Immunosuppression , current or planned <small>HIV infection, organ transplant recipient, treated with TNF-alpha antagonist, steroids for more than 2 weeks, or other immunosuppressive medication</small>	Yes <input type="checkbox"/>
<input type="checkbox"/> None; TB testing is not indicated at this time.	
<ul style="list-style-type: none"> • Do not repeat TB testing unless there are new risk factors since the last negative test. • Children with a newly positive TB test result should be referred to their healthcare provider for a medical evaluation. 	

If any of the answers to the three questions above are YES please select one of the following:

___ **YES** My signature below gives consent for my child to receive at school the Mantoux purified protein derivative (PPD) tuberculin skin test (this is an injection of tuberculin antigen just under the skin). It is **FREE** of charge.

___ **NO** I choose to get a TB test done elsewhere and provide proof to the school district, **OR** I will provide documentation showing a negative TB test has been done in the last 60 days, **OR** I will provide documentation of a previous positive TB test.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name _____