MSSD Tuberculosis Risk Assessment Form

Student's Name:_____ Date of Birth:_____

The Centers for Disease Control and Prevention and the United States Public Health Service recommend tuberculosis skin testing for all individuals who may be at increased risk of tuberculosis.

Please check any section that applies to your student. **If any one of the boxes in section 1-4 is checked, your student is required to have a tuberculosis skin test (PPD test)**

☐ 1.) Has your student ever had close contact with persons known or suspected to have active TB disease?

☐ 2.) Has your student been a resident, volunteer, and/or employee of high-risk congregate settings (e.g., correctional facilities, long-term care facilities, and homeless shelters)?

☐ 3.) Has your student been a volunteer or health care worker who served clients who are at increased risk for active TB disease?

☐ 4.) Was your student born in a country or spent more than 30 days in a country other than the United States, Canada, Australia, New Zealand, and those in Northern Europe or Western Europe?

☐ **None of the items listed in section 1-4 apply to this student.**

Parent/Guardian Signature:_____ Date:_____

If the answer is YES to any of the above questions, MSSD requires that you receive TB testing as soon as possible. If the answer to all the above questions is NO, no further testing or further action is required.

Tuberculosis Screening Method	Date Tested	Date PPD Result Read	Test Result (Positive or Negative)
PPD Skin Test			
Quantiferon Gold Test			

If positive PPD or Quantiferon Gold test, a chest X-Ray is required

Chest X-Ray	**Date:**	**Result:**

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