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, AND does not have a prior documented history of a positive TB test.

### TB testing is required if any of the “YES” boxes below are checked

| Close contact to someone with infectious TB during the student’s lifetime  
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. | Yes |
|---|---|
| Birth, travel or residence in a country with an elevated TB rate for at least 1 month  
- Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe | Yes |
| **Immunosuppression**, current or planned  
HIV infection, organ transplant recipient, treated with TNF-alpha antagonist, steroids for more than 2 weeks (i.e., *equivalent of prednisone* ≥ 2 mg/kg/day, or ≥ 15 mg/day for ≥ 2 weeks), or other immunosuppressive medication. | Yes |
| None; TB testing is not required at this time. | |

Student Name ____________________________________________

Date of Birth: ____________________________________________

Assessment reviewed by: ________________________________  
Date: ________________

- **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.

School may insert consent for TST here