

Medically Certified Risk Factor Assessment

This questionnaire is to be completed by your physician.

TUBERCULOSIS RISK FACTOR SURVEY:

1. Is there a family history of tuberculosis or anyone with signs or symptoms of TB?

Yes ___ No ___ Not Sure ___

2. Was the child or were the child's parents foreign born in areas with high TB risk?

(South or Central America, Africa, SE Asia)

3. Recent travel outside of the U.S.?

Yes ___ No ___ Not Sure ___

4. Have any members of the family or any close contacts been in prison or been diagnosed with AIDS/HIV infection?

Yes ___ No ___ Not Sure ___

5. Do you employ a foreign nanny or cleaner?

Yes ___ No ___ Not Sure ___

6. Does the child live in an area known to have a high prevalence of TB? Yes ___ No ___ NS ___

Physicians Name

Physician's Signature

Date

A tuberculosis test will be required if a risk assessment is not completed or if a student is found to be at high risk.