

**DELAWARE DEPARTMENT OF EDUCATION**  
**Tuberculosis (TB) Risk Assessment Questionnaire for Students<sup>1</sup>**

*Prior to use of this form, the school nurse must review the student's health record and assure that the student is compliant with the requirements for a current health examination (within past 2 years) and up-to-date immunizations. The questionnaire must be administered by the school nurse to the parent/guardian in person, or by phone, and signed by the person who answered the questions.*

**Name:** \_\_\_\_\_  
Last First MI

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Form Completed \_\_\_\_/\_\_\_\_/\_\_\_\_

1. Has your child had close contact<sup>2</sup> with anyone with an active infectious TB disease?
2. Was any household member, including your child, born in or has he/she traveled to area(s) where TB is common? Per the Delaware Division of Public Health, this includes birth, travel or residency in a country with an elevated TB rate for at least 1 month. This includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe.
3. Does your child have regular (i.e., daily) contact with adults at high risk for TB (i.e., those who are HIV infected, homeless<sup>3</sup>, incarcerated<sup>4</sup>, and/or illicit drug users)?
4. Does your child have a history of HIV infection, living in a shelter, incarceration, or illicit drug use?
5. Does your child have any health conditions or take medications that might affect his/her immune system?
6. Has your child ever had a positive test for tuberculosis?

Any "yes" response to questions 1 - 5 is considered a positive risk factor and is an indication for administering a Mantoux tuberculin skin test or a TB blood test, such as The Quantiferon Gold TB Test, to the child.

A "yes" response to question 1 -6 indicates probable previous exposure to TB, and requires medical follow-up to evaluate medical status.

**This child has been screened by his/her school nurse for risk of exposure to tuberculosis. Based upon the results of the TB Risk Assessment Questionnaire the child,**

- Does not** require a Tuberculosis Test       **Does** require documentation related to current disease status
- Does** require a Tuberculosis Test

TB testing and documentation must be completed and given to the school nurse by \_\_\_\_/\_\_\_\_/\_\_\_\_ (date) or your child will be excluded from school.

School Nurse Comments: \_\_\_\_\_

School Nurse (signature) \_\_\_\_\_

Parent/Guardian (signature) \_\_\_\_\_

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I give permission for the school nurse and my child's primary care physician (name of physician) to share information relating to this form.

Name \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian (signature) \_\_\_\_\_

<sup>1</sup>TB assessment is required by Regulation 805, <http://regulations.delaware.gov/AdminCode/title14/800/805>. The questionnaire was developed by Delaware Department of Education and the Division of Public Health. Revised 7/1/13, 5/2015, 4/2018, 8/22/2019

<sup>2</sup>CDC describes "close contact" as prolonged, frequent, or intense contact with a person with TB, while he/she was in infectious.

<sup>3</sup>The term "homeless" means a situation where the person lived in a shelter or with others.

<sup>4</sup>Incarceration should be longer than one week.