

Sacramento City Unified School District
Child Development Department

Child TB* Risk Assessment

Child's Name: _____ DOB: _____

1	Has the child come in close contact with a person infected with tuberculosis (TB)?		
2	Is the child foreign born, a refugee or a migrant?	Yes ...	No ...
3	Has the child had contact with an incarcerated person or a person who has been incarcerated in within the last 5 years?	Yes ...	No ...
4	Has the child been exposed to any of the following individuals: Homeless individuals, residents of nursing homes, institutionalized adolescents or adults, users of illicit drugs, migrant farm workers and/or those who have recently visited outside of the U.S.?	Yes ...	No ...
5	Does the child have a medical condition which suppresses the immune system?	Yes ...	No ...
6	Does the child live in a community in which it has been established that a high risk exists for TB?	Yes ...	No ...
7	Has the child traveled to any foreign countries since the last medical visit?	Yes ...	No ...

By typing my full name, I confirm that the above information is true and correct .

Parent Name: _____ Date: _____

Please note:

If you have answered "Yes" to any of the above questions, please refer to your child's Health Care Provider for possible TB testing.

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