



St. Margaret's School T B Risk- Assessment Questionnaire

1. Was the child born outside the United States? YES NO

If yes, where? _____

If the child was born outside of the United States, a PPD/ TST should be placed.

2. Has the child traveled outside the United States? YES NO

If yes, where did the child travel, with whom did the child stay, and how long did the child travel?

If the child stayed with friends or family members in Africa, Asia, Latin America, or Eastern Europe for more than one week, a PPD/TST should be placed.

3. Has the child been exposed to anyone with TB disease? YES NO

If confirmed that the child has been exposed to someone with suspected or known TB disease, a PPD/TST should be placed.

4. Does the child have close contact with a person who has a positive TB skin Test? YES NO

Follow- up as with the same as question # 3

PPD/ TST REQUIRED? YES NO

Date Given _____ Date Read _____ Results _____ MM _____

If Positive, it will be necessary to document a normal chest X-ray or treatment for INH Treatment.

Date of Chest X-ray _____ Results _____

Date INH Began _____

Signed _____ MD