

Student Name: _____

Part A: Tuberculosis Exposure Risk Assessment Questionnaire for Students:

1. Was the student born outside the United States?

Yes:

- What country: _____
- Is this country listed as having an incidence rate ≥ 20 per 100,000 cases as per the World Health Organization (WHO) document? If so, then testing is required within 30 days of admission to school, and
- Perform TB Symptom Screening.

No: proceed to question 2.

2. Has the student traveled outside the United States for ≥ 90 days?

Yes:

- Is this country listed as having an incidence rate ≥ 20 per 100,000 cases as per the World Health Organization (WHO) document? If so, then testing (performed in the U.S.) is required within 8-10 weeks of return to the U.S., and
- Perform TB Symptom Screening.

No: no testing is required.

Part B: Tuberculosis Symptom Screening for Students:

If the student is identified as having a risk of TB exposure (as listed in questions 1 and 2): does the student now have symptoms of TB disease?

- Cough greater than 3 weeks ___yes ___no
- Blood in sputum ___yes ___no
- Night sweats or fever ___yes ___no
- Unexplained weight loss ___yes ___no
- Loss of appetite ___yes ___no

If yes to any of the symptoms please REFER STUDENT TO MCHD or Primary Physician for medical clearance prior to admission to class

Please feel free to call the MCHD TB Control program with any questions regarding screening or testing requirements.

- Willow Grove office: 215-784-5415
- Norristown office: 610-278-5145