**SPS TB Risk Assessment Form**

 Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Children with any of the following risk factors are candidates for TB testing, unless there is written documentation of a previous positive TB test (TST or IGRA).**

|  |  |  |
| --- | --- | --- |
| **TB Risk Assessment** | **Yes** | **No** |
| Was the child born in Africa, Asia, Central America, South America, Mexico, Eastern Europe, the Caribbean or the Middle East? In what country was the child born? |  |  |
| Has the child lived with or spent time with someone who has been sick with TB? |  |  |
| Does the child have any history of immunosuppressive disease or take medications that might cause immunosuppression? |  |  |

If a test is warranted, either a Mantoux tuberculin skin test (TST) or an interferon-gamma release assay (IGRA) is acceptable. (Please note: IGRA testing is not indicated for children younger than 5 years of age). Results must be shared with the school nurse.

 Parent’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enrollment Center Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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