



STUDENT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

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  $\geq 20$  per 100,000 cases as per the World Health Organization (WHO) document? \*YES/NO
- \* If YES, then testing is required within 30 days of admission to school, AND
- Perform TB Symptom Screening (Part B)

2. Has the student traveled outside the United States for  $\geq 90$  days?

Yes:

- What country? \_\_\_\_\_
- Is this country listed as having an incidence rate  $\geq 20$  per 100,000 cases as per the World Health Organization (WHO) document? \*\*YES/NO
- \*\* If YES, then testing (performed in the U.S.) is required within 8-10 weeks of return to the U.S., AND
- Perform TB Symptom Screening (Part B)

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 contact Meg Lewis, Health Services Department Chair @ 610-409-6060 or mlewis@pvsd.org for medical clearance prior to admission to class.

Please feel free to call the Montgomery County Health Department TB Control program with any questions regarding screening or testing requirements:

Willow Grove office: 215-784-5415

Norristown office: 610-278-5145

Pottstown office: 610-970-5040