

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

This TB risk assessment is for any student in any grade who is new to the **Anchorage Municipality** AND does not have a prior documented history of a positive TB test.

**TB testing is only required if any of the "YES" boxes below are checked**

<p>Has the student had <b>Close Contact</b> to someone with infectious TB during the student's lifetime? *Re-testing should only be done in children who previously tested negative and have had close contact with a newly diagnosed infectious TB case since last assessment</p>	<p>YES —</p>
<p>Was the student <b>Born, had residence in or has travelled</b> in a country with high TB rate for at least 1 month? *Includes any country other than the United States, Canada, Australia, New Zealand or a country in western or northern Europe.</p>	<p>Yes —</p>
<p>Has the student had current or is planning to have any <b>Immunosuppressive</b> treatment or medication for more than 2 weeks? *This is steroid treatment, organ transplants, HIV infection, or TNF-alpha antagonist treatment</p>	<p>Yes —</p>

**\_\_\_ NONE  
TB testing in not required at this time**

**Consent to TB Testing ONLY if any answers above are YES.**

\_\_\_ YES, I give permission for ACS to TB testing for my student.

\_\_\_ NO, I choose to get TB testing for my student elsewhere. I will provide the results to the school nurse no later than 90 days from enrollment.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_

Assessment reviewed by \_\_\_\_\_ Date \_\_\_\_\_

