



CENTRAL COUNCIL
Tlingit and Haida Indian Tribes of Alaska

Tlingit & Haida Head Start Administration
9097 Glacier Highway • Juneau, Alaska 99801

TB Risk Assessment Screening Results

Child's Name: _____ has been screened for TB Risk.

The results indicate: (Please circle)

- No further testing needed (all answers negative)
- Further TB screening needed (if a yes response)

Questions for Family to Answer:

1. Has a family member or contact had tuberculosis disease? YES NO
2. Has a family member had a positive tuberculin skin test result? YES NO
3. Has the child travelled in a high risk country (countries other than the U.S., Canada, Australia, New Zealand, or Western European Countries). YES NO
4. Was the child born in a high-risk country (countries other than the U.S., Canada, Australia, New Zealand, or Western European Countries). YES NO
5. In Alaska, TB is more common in the Yukon Kuskokwim and Norton Sound regions.
 - a. Does the child live in one of these regions? YES NO
 - b. Has the child recently moved to or from one of these regions? YES NO
 - c. Has the child recently traveled to one of these regions? YES NO

If family answers with a "Yes" response the screening is positive and a Tuberculosis (TB) test should be administered. If all answers are negative no further testing is indicated.

Health Professional Signature: _____ Date: _____