



TLINGIT & HAIDA HEAD START

Central Council Tlingit and Haida Indian Tribes of Alaska

Mailing: 9097 Glacier Hwy, Juneau, AK 99801 • Physical 9095 Glacier Highway • Juneau AK 99801

Phone 907.463.7127 • Toll Free 800.344.1432 • Fax 1.877.389.7796 • www.ccthita-nsn.gov

Tuberculosis Risk Assessments Questionnaire

Date:

Dear Parent/Guardian:

Please complete this TB risk assessment regarding your Head Start student.

Child's Name		Date of Birth
Head Start Center		
TB testing is required if any "YES" boxes are checked		
Close contact to someone with infectious TB during the student's lifetime <ul style="list-style-type: none"> Re-testing should only be done in children who previously tested negative and have had new close contact with an infectious TB case since the last assessment. 		<input type="checkbox"/> Yes
Birth, travel or residence in a country with an elevated TB rate for at least 1 month <ul style="list-style-type: none"> Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe 		<input type="checkbox"/> Yes
Immunosuppression , current or planned <ul style="list-style-type: none"> HIV infection, organ transplant recipient, treated with TNF-alpha antagonist, steroids for more than 2 weeks (i.e., equivalent of prednisone ≥ 2 mg/kg/day, or ≥ 15mg/day for ≥ 2 weeks), or other immunosuppressive medication. 		<input type="checkbox"/> Yes
<input type="checkbox"/> None of the above apply ; TB testing is not required at this time.		
Please note: <ul style="list-style-type: none"> Do not repeat TB <u>testing</u> unless there are <i>new</i> risk factors since the last negative test. Children with a newly positive TB test result will be referred to their healthcare provider for a medical evaluation and parents/guardians will be notified. 		
Parent/Guardian Signature		Date

This section to be filled out by Head Start Child Health & Safety Coordinator reviewing this assessment.		
Assessment Reviewed by		Date
Follow-Up, if needed	Due Date	Follow-Up completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

Mail or fax a copy of physical & screenings to Head Start:

Attention: *Child Health & Safety Coordinator*