



# TLINGIT & HAIDA HEAD START

*Central Council Tlingit and Haida Indian Tribes of Alaska*

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## Tuberculosis Risk Assessments Questionnaire

Date:

Dear Parent/Guardian:

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

<b>Child's Name</b>		<b>Date of Birth</b>
<b>Head Start Center</b>		
TB testing is required if any "YES" boxes are checked		
<b>Close contact</b> to someone with infectious TB during the student's lifetime <ul style="list-style-type: none"> <li>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.</li> </ul>		<input type="checkbox"/> Yes
<b>Birth, travel or residence</b> in a country with an elevated TB rate for at least 1 month <ul style="list-style-type: none"> <li>Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe</li> </ul>		<input type="checkbox"/> Yes
<b>Immunosuppression</b> , current or planned <ul style="list-style-type: none"> <li>HIV infection, organ transplant recipient, treated with TNF-alpha antagonist, steroids for more than 2 weeks (i.e., equivalent of prednisone <math>\geq 2</math> mg/kg/day, or <math>\geq 15</math>mg/day for <math>\geq 2</math> weeks), or other immunosuppressive medication.</li> </ul>		<input type="checkbox"/> Yes
<input type="checkbox"/> <b>None of the above apply</b> ; TB testing is not required at this time.		
Please note: <ul style="list-style-type: none"> <li>Do not repeat TB <u>testing</u> unless there are <i>new</i> risk factors since the last negative test.</li> <li>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.</li> </ul>		
<b>Parent/Guardian Signature</b>		<b>Date</b>

This section to be filled out by Head Start Child Health & Safety Coordinator reviewing this assessment.		
<b>Assessment Reviewed by</b>		<b>Date</b>
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**