

**STOUGHTON PUBLIC SCHOOLS  
Pediatric TB Risk Assessment Form  
(To be completed by medical provider)**

*The purpose of the TB Risk Assessment Form is to identify children who may be at increased risk for tuberculosis (TB) and may require evaluation and testing. **A child with any risk factor described below is a candidate for TB testing, unless there is written documentation of a previous positive TB test (tuberculin skin test [TST] or interferon gamma release assay [IGRA]).***

Child's Name:  DOB:  Date:

<b>TB Risk Assessment</b>	<b>Yes</b>	<b>No</b>
Was the child born in Africa, Asia and Pacific Islands (except Japan), Central America, South America, Mexico, Eastern Europe, the Caribbean or the Middle East? In what country was the child born? <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the child lived or traveled in Africa, Asia and Pacific Islands (except Japan), Central America, South America, Mexico, Eastern Europe, the Caribbean or the Middle East for more than one month?	<input type="checkbox"/>	<input type="checkbox"/>
In the last 2 years, has the child lived with or spent time with someone who has been sick with TB?	<input type="checkbox"/>	<input type="checkbox"/>
Have any members of the child's household come to the United States from another country?	<input type="checkbox"/>	<input type="checkbox"/>
Does the child have any history of immunosuppressive disease or take medications that might cause immunosuppression?	<input type="checkbox"/>	<input type="checkbox"/>

**Test for TB**

Test, using a TST or IGRA, only those infants and children identified to be at risk of exposure to TB. Do not test infants and children at low risk for TB.

- IGRA is the preferred test for children 5 years of age and older with a history of BCG vaccination
- Use the Mantoux tuberculin skin test (5 TU PPD) for children of any age.

**Report TB**

Report newly diagnosed cases of latent TB infection and suspected or confirmed TB disease to the Massachusetts Department of Public Health.  
<http://www.mass.gov/eohhs/gov/departments/dph/programs/id/isis/case-report-forms.html>

**Resources**

Brochure "What Parents Need to Know About Tuberculosis (TB) Infection in Children", New Jersey Medical School Global Tuberculosis Institute <http://globaltb.njms.rutgers.edu/downloads/products/tbpedsbrochure.pdf>

Screening Infants and Children for Tuberculosis in Massachusetts, MDPH 2014  
<http://www.mass.gov/eohhs/docs/dph/cdc/tb/recommendations-screening-children-tb.pdf>

CDC recommendations on TB evaluation, testing and treatment in children  
<http://www.cdc.gov/tb/topic/populations/TBinChildren/default.htm>

CDC Guidelines for the Prevention and Treatment of Opportunistic Infections among HIV-Exposed and HIV-Infected Children. MMWR September 2009 <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5811a1.htm>

MDPH supported TB clinics <http://www.mass.gov/eohhs/docs/dph/cdc/tb/regional-clinic-list.pdf>

**Medical Provider Signature:**  **Date:**