Student Name	

## **Tuberculosis Risk Assessment Letter for Parents**

In an effort to provide a healthy environment for all students, which balances the need to prevent disease transmission with a reasonable screening process, the Diocese of Oakland Department of Catholic Schools has adopted the American Academy of Pediatrics' standards for the targeted tuberculin skin testing (TST) of children.

This standard discourages the routine TST of children without risk factors, by eliminating the PPD skin testing, and replacing it with a series of questions, asked by a pediatrician or licensed health care provider. Those questions are listed below and should result in TST being done only when > 1 risk factor is present. Otherwise, a "Low-risk" assessment is given and the child's TB screening for school entry is complete.

1) Was your child born outside the United States?	Yes	No	
2) Has your child traveled outside the United States in the past	two years? Yes	No	
3) Has your child been exposed to anyone with TB?	Yes	No	
4) Does your child have close contact with anyone who has had test result?	d a positive TI Yes	3 skin No	
5) Does your child spend time with anyone who has been in jaillegal drugs or has HIV?	il or a shelter, Yes	uses No	
6) Has your child drunk raw milk or eaten unpasteurized chee	se? Yes	No	
7) Does your child have a household member who was born of States?	utside the Uni Yes	ted No	
8) Does your child have a household member who has traveled outside the United States in the past two years?			
states in the past two years.	Yes	No	
Please assist us in following the standards for TB screening, by using either this form or one from your health care provider.			
MD signature	Date		
Parent signature	Date		
Thank you.			