

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 a positive TB skin test result? | Yes | No |
| 5) Does your child spend time with anyone who has been in jail or a shelter, uses illegal drugs or has HIV? | Yes | No |
| 6) Has your child drunk raw milk or eaten unpasteurized cheese? | Yes | No |
| 7) Does your child have a household member who was born outside the United States? | Yes | No |
| 8) Does your child have a household member who has traveled outside the United 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.