

Staff: Send to provider if child needs a TB Risk Assessment Questionnaire.

Insert Delegate Agency letterhead here

Date: _____

Dear Health Care Provider,

Re: Child's Name _____ DOB: _____

Parent/Guardian Name: _____

Need for TB Risk Assessment Questionnaire

Please assist us with a student enrolled in our program who is your patient. Head Start, Early Head and Child Care require a tuberculosis Risk Assessment Questionnaire prior to enrollment for all children 12 months and older. This requirement is consistent with current TB recommendations, as referenced below. The TB Risk Assessment Questionnaire is attached.

Please administer the questionnaire to this child and provide us with documentation that the questionnaire was administered. If the child screens positive for risk of tuberculosis, please administer a tuberculin skin test, as specified in the recommendations.

If you have any questions, feel free to contact me.

Sincerely,

Staff Name: _____

Site: _____

Address: _____

Telephone: _____

References:

Centers for Disease Control and Prevention. Targeted tuberculin testing and treatment of latent tuberculosis infection. MMWR 2000; 49 (No. RR-6)

Redbook 2003: Report of the Committee on Infectious Disease, 26th Edition. American Academy of Pediatrics.

Targeted Tuberculin Skin Testing and Treatment of Latent Tuberculosis Infection in Children and Adolescents. Pediatric Tuberculosis Collaborative Group. Pediatrics 2004; 114: 1175-1201.

Created by: Dr. Carl Toren, MD, MPH, Head Start Medical Consultant

Risk-Assessment Questionnaire

Questions

1. Was your child born outside the United States?
If yes, this question would be followed by: Where was your child born? If Africa, Asia, Latin America, or Eastern Europe, a TST should be placed.
2. Has your child traveled outside the United States?
If yes, this question would be followed by: Where did your child travel, with whom did your child stay, and how long did your child stay? If with friends or family members in Africa, Asia, Latin America, or Eastern Europe for ≥ 1 week cumulatively, a TST should be placed.
3. Has your child been exposed to anyone with TB disease?
If yes, this question should be followed by questions to determine if the person had TB disease or LTBI (Latent Tuberculosis Bacterial Infection), when the exposure occurred, and what the nature of the contact was. If confirmed that the exposure was to someone with suspected or known TB disease, a TST should be placed.
If it is determined that the exposure was to a person with TB disease, notify CDPH.
4. Does your child have close contact with a person who has a positive TB skin test?
If yes, see question 3 (above) for follow-up questions.

Risk-assessment questionnaires can include the following questions:

1. Does your child spend time with anyone who has been in jail (or prison) or a shelter, uses illegal drugs, or has HIV?
2. Has your child drunk raw milk or eaten unpasteurized cheese?
3. Does your child have a household member who was born outside the United States?
4. Does your child have a household member who has traveled outside the United States?

Created by: Dr. Carl Toren, MD, MPH, Head Start Medical Consultant