

## Tuberculosis (TB) Risk Assessment for Alaska Students

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Please answer ALL four questions. All students NEW to the Kenai Peninsula Borough School District, Preschool through 12 <sup>th</sup> grade.			
Has the student been in contact with anyone who has active TB disease in the past year?	Yes	No	Notes
Is the student foreign-born?* (Any country other than U.S., Canada, Australia, New Zealand, or Western/Northern Europe)	Yes	No	
Has the student travelled to a high-TB-rate country for more than a month cumulatively during the past year? (Any country other than U.S., Canada, Australia, New Zealand, or Western/Northern Europe)	Yes	No	
<i>In Alaska, TB is most common in the Yukon-Kuskokwim or Norton Sound regions. Does the student live in one of these regions, or has the student traveled to one of these regions for more than 30 days in total during the past year?</i>	Yes	No	

My signature attests to the accuracy of responses.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Tuberculosis Risk Assessment: Alaska law (7 AAC 27.213) requires an assessment of tuberculosis status be completed for all students entering a school district.

If any of the answers to the four questions above are YES please select one of the following:

**YES** My signature below gives consent for my child to receive at school the Mantoux purified protein derivative (PPD) tuberculin skin test (this is an injection of tuberculin antigen just under the skin). It is FREE of charge.

**NO** I choose to get a PPD TB skin test elsewhere OR an Interferon Gamma Release Assay (IGRA) (this is a blood test at a laboratory) and will provide this information to the school nurse within 90 days of enrollment. The parent pays for either of these.

**NO** My child has had a negative PPD TB skin test or IGRA blood test in the past six (6) months and I will provide documentation to the school nurse within 90 days of enrollment.

**NO** My child has had a previous positive PPD test with a reading of 10 mm or more or a positive IGRA blood test. I will provide health history to the school nurse within 90 days of enrollment.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_

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