

CLOVIS UNIFIED SCHOOL DISTRICT Student Tuberculosis Risk Assessment

The Fresno County Health Officer recommends that all school districts assess all students new to their districts and require testing for those students found to be at high risk for latent tuberculosis infection (LTBI). To comply with the recommendation, all students new to Clovis Unified School District (CUSD) who does not provide records of an assessment or test evidencing that he/she is free of communicable TB shall submit to an assessment by a CUSD nurse or the student's physician or other qualified health professional, and determined to be free of, LTBI. If a student is suspected of having LTBI based on the assessment, he/she shall submit proof of a negative TB test or a chest x-ray and determined to be free from LTBI before being admitted to a school in the District.

Name of Child _____ Birthdate _____

Contact Number _____

LTBI testing is required if any of the 3 boxes below are checked Yes.
Please check YES or NO to the questions below:

Yes ☐ No ☐ **Birth, Travel or Residence** in a country with an elevated TB rate for at least 1 month • Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe
• Interferon Gamma Release Assay (IGRA) is preferred over Tuberculin Skin Test (TST) for foreign-born persons ≥ 2 years old

Yes ☐ No ☐ **Immunosuppression**, organ transplant recipient, steroids, or other immunosuppressive medication

Yes ☐ No ☐ **Close contact** to someone with infectious TB disease during lifetime

To the best of my knowledge I have answered the above questions accurately:

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

Form Reviewed by: _____ Date: _____
Signature and title RN or LVN

TO BE COMPLETED BY STUDENT'S PRIMARY CARE CLINICIAN OR CUSD SCHOOL NURSE OR CUSD LVN

If there is a "Yes" response to any of the questions above, then TST or IGRA testing should be performed if not already done and no new risk factors acquired since the test was performed.

☐ **NO skin test needed at this time or already had one and no new risk factors found.**

**If the child being screened was previously tested, had a documented negative TST or IGRA result, and has not acquired any new risk factors since the last assessment, then he/she does not need to be re-tested.*

☐ **TST** placed _____ read _____ results _____ mm negative or positive (circle one)

☐ **IGRA** date ordered _____ results _____

☐ **History of positive TST and negative chest x-ray date of chest x-ray** _____

TB Clearance: Many persons are requested to submit evidence of non-communicability with regards to tuberculosis. The currently accepted practice in the State of California is as follows: Patients that are known to have a positive TB skin test and a negative chest x-ray, with or without subsequent INH prophylaxis, in the absence of symptoms are not re-examined periodically with x-rays as was once recommended.

Provider's signature/stamp _____ Date _____