

Sacramento City Unified School District
Child Development Department

Head Start/Early Head Start TB* Risk Assessment
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Child's Name: _____

DOB: _____

1	Has the child come in close contact with a person infected with tuberculosis (TB)?	Yes	No
2	Is the child foreign born, a refugee or a migrant?	Yes	No
3	Has the child had contact with an incarcerated person or a person who has been incarcerated in within the last 5 years?	Yes	No
4	Has the child been exposed to any of the following individuals: Homeless individuals, residents of nursing homes, institutionalized adolescents or adults, users of illicit drugs, migrant farm workers and/or those who have recently visited outside of the U.S.?	Yes	No
5	Does the child have a medical condition which suppresses the immune system?	Yes	No
6	Does the child live in a community in which it has been established that a high risk exists for TB?	Yes	No
7	Has the child traveled to any foreign countries since the last medical visit?	Yes	No

Parent/Guardian Signature: _____

Date: _____

Please note:

If you have answered "Yes" to any of the above questions, please refer to your child's Health Care Provider for possible TB testing.

*Tuberculosis (TB) is caused by a bacterium that usually infects the lungs, but the TB bacteria can attack any part of the body such as the kidney, spine, and brain. If not treated properly, TB disease can be fatal. TB is spread through the air from one person to another by coughing, sneezing, speaking, or singing. People nearby may breathe in these bacteria and become infected. If you think you have been exposed to someone with TB disease, contact your health care provider or local health department to see if you should be tested for TB infection.