TLINGIT & HAIDA HEAD START

Central Council Tlingit and Haida Indian Tribes of Alaska

Mailing: 9097 Glacier Hwy, Juneau, AK 99801• Physical 9095 Glacier Highway • Juneau AK 99801
Phone 907.463.7127 • Toll Free 800.344.1432 • Fax 1.877.389.7796 • www.ccthita-nsn.gov

Tuberculosis Risk Assessments Questionnaire

Date:

Dear Parent/Guardian:

Please complete this TB risk assessment regarding your Head Start student.

Child's Name		Date of Birth	
Head Start Center			
TB testing is required if any "YES" boxes are checked			
Close contact to someone with infectious TB during the student's lifetime • Re-testing should only be done in children who previously tested negative and have had no close contact with an infectious TB case since the last assessment.			□ Yes
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			□ Yes
Immunosuppression, current or planned • HIV infection, organ transplant recipient, treated with TNF-alpha antagonist, steroids for more than 2 weeks (i.e., equivalent of prednisone ≥ 2 mg/kg/day, or ≥ 15mg/day for ≥ 2 weeks), or other immunosuppressive medication.			□ Yes
□ **None of the above apply**; TB testing is not required at this time.			

Please note:
• Do not repeat TB testing unless there are *new* risk factors since the last negative test.
• Children with a newly positive TB test result will be referred to their healthcare provider for a medical evaluation and parents/guardians will be notified.

Parent/Guardian Signature		**Date**

This section to be filled out by Head Start Child Health & Safety Coordinator reviewing this assessment.		
Assessment Reviewed by		**Date**
Follow-Up, if needed	Due Date	Follow-Up completed? □ Yes □ No

<mark>**Mail or fax a copy of physical & screenings to Head Start:**</mark>
Attention: *Child Health & Safety Coordinator*