

**BROOKFIELD PUBLIC SCHOOL DISTRICT**

100 Pocono Road, Brookfield, CT 06804

203-775-7700

brookfieldps.org

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**TUBERCULOSIS RISK QUESTIONNAIRE**

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Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade \_\_\_\_\_

Please check below:

\_\_\_\_\_ One or more of the listed Tuberculosis risk factors applies to my child\*

\_\_\_\_\_ None of the listed Tuberculosis risk factors apply to my child

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

- Recent or prolonged contact with someone who has infectious TB or positive TB skin test
- Born in a high-prevalence TB area (Africa, Asia, including the former Soviet Union and India, Central and South America, Eastern Europe, Mexico, Haiti, Philippines or the Dominican Republic)
- Travel outside the US to a high-prevalence TB area (Africa, Asia, including the former Soviet Union and India, Central and South America, Eastern Europe, Mexico, Haiti, Philippines or the Dominican Republic)
- Exposure to a person who has been in jail, has HIV, is homeless, lives in a group home or shelter, uses illegal drugs or is a migrant farm worker
- Has a health problem that lowers the immune system
- Has a household member who was born in or has traveled to a high-prevalence TB area
- Has symptoms of TB (cough, fever, night sweats, loss of appetite, weight loss or fatigue) or an abnormal chest X-ray
- Has drunk raw milk or eaten unpasteurized cheese since last TB skin test

\*Any student identified as to having one or more TB risk factors will be required to have a TB skin test placed and read before school entry. A history of BCG vaccination is not a contraindication to testing nor should it be considered in interpretation of the skin test result. A positive reaction to the TB skin test requires a letter from a physician stating that a chest x-ray has been done and the child is free of active TB.