## 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		
	is required if any of the 3 boxes below ar ase check YES or NO to the questions b	
Yes□ No□ Birth, Travel or Resident other than the United Sta	nce in a country with an elevated TB rate for ates, Canada, Australia, New Zealand, or a lease Assay (IGRA) is preferred over Tube	at least 1 month • Includes any country country in western or northern Europe
Yes□ No□ Immunosuppression, o	organ transplant recipient, steroids, or other	r immunosuppressive medication
Yes□ No□ Close contact to some	one with infectious TB disease during lifetim	ne
To the best of my knowledge I have a	inswered the above questions accurately:	
Parent/Guardian Signature:		Date:
Print Name:		_
Form Reviewed by:	and title RN or LVN	Date:
Signature	and title RN or LVN	
TO BE COMPLETED BY STUDEN	T'S PRIMARY CARE CLINICIAN OR CUS	SD SCHOOL NURSE OR CUSD LVN
If there is a "Yes" response to any of t done and no new risk factors acquired	the questions above, then TST or IGRA tes d since the test was performed.	ting should be performed if not already
*If the child being screened was previo new risk factors since the last assessn	or already had one and no new risk factously tested, had a documented negative TST of ment, then he/she does not need to be re-tested ead resultsmm	r IGRA result, and has not acquired any
☐ IGRA date ordered	results	
$\hfill\Box$ History of positive TST and nega	ative chest x-ray date of chest x-ray	
currently accepted practice in the Stat	uested to submit evidence of non-communic te of California is as follows: Patients that ar hout subsequent INH prophylaxis, in the abs ecommended.	re known to have a positive TB skin test
Provider's signature/stamp		Date