



**RISK ASSESSMENT FOR TUBERCULOSIS**  
**Saint Louis Public Schools**  
**Office of Early Childhood/Early Childhood Special Education**

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

The following list of questions should be asked of the parent/legal guardian that is completing an application for their child.

1. Has your child had a negative Tuberculin Skin Test with the past 6 months?

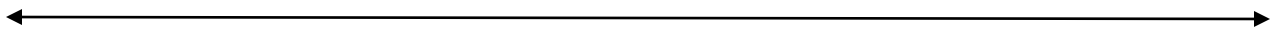
Yes    Date \_\_\_\_/\_\_\_\_/\_\_\_\_                      No



2. Can you answer YES to any of the next 4 questions:

- Has your child been in contact with a person with confirmed or suspected infectious tuberculosis?  
This includes family members or friends that have been in jail or prison during the last 5 years.
- Has your child immigrated from Asia, the Middle East, Africa, or Latin America?
- Has your child had significant contact with a person from Asia, the Middle East, Africa, or Latin America?
- Is your child infected with HIV or living with an HIV-infected person?

Yes    No



3. Has your child been exposed to any of the following:

- HIV-infected person
- Resident of a Nursing Home
- Homeless Person
- A person who uses illegal drugs
- An adolescent or adult who has been institutionalized (Living in a group setting/home)
- An adolescent or adult who has been incarcerated
- A migrant farm worker

Yes    No



4. Has your child had a Tuberculin Skin Test that was read and if so, when was it given?

Yes    Date \_\_\_\_/\_\_\_\_/\_\_\_\_                      No

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date