



**South Windsor Public Schools**

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**TUBERCULOSIS RISK QUESTIONNAIRE**

The South Windsor Board of Education policy regarding Tuberculosis (TB) exposure states that a risk assessment needs to be completed with your child’s registration. Please answer the questionnaire below.

**Student Last Name, First Name**

**Date of Birth**

School: ET, OH, PRS, PV, TEMS, SWHS

**Grade**

<b>1. Was your child born outside the United States in a High Risk Country?</b> If yes: where was your child born?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2. Has your child traveled outside the United States to a High Risk Country for longer than one month?</b> If yes: where did the child travel? with whom did the child stay? how long did the child travel?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>3. Has your child been exposed to anyone with TB disease?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4. Does your child have close contact with someone with a positive tuberculin skin test?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5. Does your child spend time with anyone who has been in jail (or prison) or a shelter, injects illegal drugs, or has HIV?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6. Has your child drunk raw milk or eaten unpasteurized cheese since the last tuberculin skin test?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>7. Does your child have a household member who was born outside the United States?</b> If yes: from what country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>8. Does your child have a household member who has traveled outside the United States to a high risk country?</b> <i>(Included as a household member are persons who take care of the child in the home.)</i> If yes: where did this person travel? with whom did this person stay? how long did this person travel?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered **YES** to any of the questions above, please contact your primary care physician for an appointment.

**Parent/Guardian Signature**

**Date**

**PRINTED NAME**

**Daytime Phone Number**

## LIST OF HIGH RISK<sup>1</sup> TUBERCULOSIS COUNTRIES

Afghanistan	Guatemala	Paraguay
Algeria	Guinea	Peru
Angola	Guinea-Bissau	Philippines
Anguilla	Guyana	Poland
Argentina	Haiti	Portugal
Armenia	Honduras	Qatar
Azerbaijan	Hong Kong (SAR of China)	Republic of Korea
Bahrain	India	Republic of Moldova
Bangladesh	Indonesia	Romania
Belarus	Iraq	Russian Federation
Belize	Japan	Rwanda
Benin	Kazakhstan	Saint Vincent and the Grenadines
Bhutan	Kenya	Sao Tome and Principe
Bolivia (Plurinational State of)	Kiribati	Senegal
Bosnia and Herzegovina	Kuwait	Serbia
Botswana	Kyrgyzstan	Seychelles
Brazil	Lao People's Democratic Republic	Sierra Leone
Brunei Darussalam	Latvia	Singapore
Bulgaria	Lesotho	Solomon Islands
Burkina Faso	Liberia	Somalia
Burundi	Libyan Arab Jamahiriya	South Africa
Cambodia	Lithuania	Sri Lanka
Cameroon	Macao (SAR of China)	Sudan
Cape Verde	Macedonia (former Yugoslav Republic of)	Suriname
Central African Republic	Madagascar	Swaziland
Chad	Malawi	Syrian Arab Republic
China	Malaysia	Tajikistan
Colombia	Maldives	Thailand
Comoros	Mali	Timor-Leste
Congo	Marshall Islands	Togo
Cook Islands	Mauritania	Tonga
Côte d'Ivoire	Mauritius	Trinidad and Tobago
Croatia	Micronesia (Federated States of)	Tunisia
Democratic People's Republic of Korea	Mongolia	Turkey
Democratic Republic of the Congo	Montenegro	Turkmenistan
Djibouti	Morocco	Tuvalu
Dominican Republic	Mozambique	Uganda
Ecuador	Myanmar	Ukraine
El Salvador	Namibia	United Republic of Tanzania
Equatorial Guinea	Nepal	Uruguay
Eritrea	New Caledonia	Uzbekistan
Estonia	Nicaragua	Vanuatu
Ethiopia	Niger	Venezuela (Bolivarian Republic of)
French Polynesia	Nigeria	Viet Nam
Gabon	Northern Mariana Islands	Yemen
Gambia	Pakistan	Zambia
Georgia	Palau	Zimbabwe
Ghana	Panama	
Guam	Papua New Guinea	

<sup>1</sup> Greater than 20/100,000 population; Estimates can be found at: <http://apps.who.int/ghodata/?vid=500>

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