



PACIFIC

DEPARTMENT OF DEFENSE  
DEPENDENT SCHOOLS  
Matthew C. Perry High School  
PSC 561 Box 1874  
FPO AP 96310



Tuberculosis Exposure Risk Assessment

Child's Name: \_\_\_\_\_

A Tuberculosis Exposure Risk Assessment is required every school year. Please answer these questions to the best of your knowledge. Please return the completed form to the school nurse when you come to re-register your child for the 2012/13 school year.

1. Was your child exposed to anyone known to have or suspected of having active tuberculosis?

Yes       No       Don't Know

2. Since your child's last tuberculosis test (PPD), did they have direct contact with any individuals from the following groups: (Please check all that apply; leave blank if not applicable)

refugees     displaced persons     homeless shelter population     prisoners

3. Has your child been to any of these countries in the past 6 months? (Please check all that apply)

Bangladesh     Brazil       Cambodia     China       DR Congo  
 Ethiopia       India       Indonesia     Kenya     Mozambique  
 Myanmar       Nigeria     Pakistan     Philippines  Russian Federation  
 South Africa     Thailand     Uganda       UR Tanzania  Viet Nam

4. During your travels to any of the above countries, was your child in direct or prolonged contact with the local population?     Yes       No

If yes, please explain:

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

\_\_\_\_\_  
Date

For Nurse Use:

Tuberculosis risk assessment based on above responses:       Minimal Risk     Increased Risk

Recommend PPD Testing:       Yes       No