Name of Student: ___________________________________ Date of Birth: ________________

Tuberculosis (TB) Risk Assessment for Alaska Students

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the student been in contact with anyone who has active TB disease in the past year?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the student foreign-born?* (Any country other than U.S., Canada, Australia, New Zealand, or Western/Northern Europe)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has the student traveled to a high-TB-prevalence country for more than a month cumulatively during the past year? (Any country other than U.S., Canada, Australia, New Zealand, or Western/Northern Europe)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In Alaska, TB is most common in the Yukon-Kuskokwim or Norton Sound regions. Does the student live in one of these regions, or has the student travelled to one of these regions for more than a month cumulatively during the past year? |     |    |       |

TB Risk Assessment Test: Alaska law requires a TB Risk Assessment be on file for all students new to the Copper River School District. I understand that my child will be given a TB skin test within 90 days of enrollment as required by State Law 7AAC27.213 if risk assessment indicates it is needed, during the period they are enrolled in the Copper River School District.

An exemption for testing is permitted if documentation of one of the following is provided to your School Nurse:
1. TB skin test results within the previous 6 months
2. history of positive skin test or history of TB disease
3. Negative laboratory-approved method within the previous 6 months (this is a parent expense and optional)

My signature below attests to the accuracy of the above responses and gives the School Nurse permission to administer a TB skin test if warranted.

Parent/Guardian Signature __________________________________________ Date ______________________________

School Nurse Signature: ___________________________________________ Date: ____________________________

Tuberculin Skin Test Needed?: ________________________________

.1 ml PPD Mfg: __________________________ Lot #: __________ Exp: __________

Admin Date: __________ Time: __________ by: ______________________________

Forearm Site: R   L (circle one)

Result Date: __________ Time: __________ by: ______________________________

RESULT: ________ mm induration Non-Reactive/Reactive (circle one)

Chest x-ray referral: __________________________ Clearance given: ______________________________________

rev. 4_10_15