

Tuberculosis School Information

Tuberculosis Screening, Referral, and Follow-Up

All students and employees will be screened for TB or will have a note stating the student or employee is under a physician's care. Students already enrolled in the school will have a previously documented TB screening tool: a TB skin test, a chest x-ray or a completed **Student TB Screening Questionnaire (reference: page 62d-e)**. Employees will have a previously documented TB screening tool: a TB skin test, a chest x-ray or a completed **Adult TB Screening Questionnaire (reference: page 62b-c)**. Students and all school employees using the TB screening Questionnaire are to submit a yearly questionnaire. If the student or teacher has the following symptoms they are to be referred to a physician: prolonged cough, unexplained weight loss, or fever.

Students

Students will provide results of TB screening or a note stating the student is under a physician's care prior to admission into a school. Screening tools include a TB skin test performed within the last year, a chest x-ray or the Student TB Screening Questionnaire. A referral will be made to a physician if there is a positive result from the TB screening. The referral will be completed and returned to the school and documented in the student's health record.

Use of the Student TB Screening Questionnaire

- If all answers on the questionnaire are "no", the form is placed in the student's health record and documented.
- If the answer to any questions is "yes" on the questionnaire, the student will be referred to a licensed physician practicing in the state of Texas. The results of the physician's referral will be returned to the school and placed in the student's health file and documented. If follow-up is required, the school is to ensure that the follow-up is completed with a note from the physician. When necessary a student may be required to have TB skin test.

Employees:

All new employees will provide TB screening results or a note stating that the employee is under a physician's care. Screening tools include a TB skin test performed within the last five years, a chest x-ray or an Adult TB Screening Questionnaire. Results of the screening are documented in the employee's personnel file. A referral to a licensed physician practicing in the state of Texas is made if there is a positive result from the screening. The referral results are to be completed and documented in the employee's personnel file.

Use of the Adult TB Screening Questionnaire

If all answers on the questionnaire are "no", the form is placed in the employee's personnel. If the answer to any question is "yes" on the questionnaire, the employee is referred to a licensed physician practicing in the state of Texas. The results of the physician's referral will be returned to the school and placed in the employee's personnel file and documented. If follow-up is required, the school is to ensure that the follow-up is completed with a note from the physician.

TB QUESTIONNAIRE: STUDENTS
Catholic Schools Office
 Archdiocese of Galveston-Houston

Name of Child: _____ Date of Birth: _____

School: _____ Date: _____

Tuberculosis (TB) is a disease caused by TB germs and is usually transmitted by an adult person with active TB lung disease. It is spread to another person by coughing or sneezing TB germs into the air. These germs may be breathed in by the child. Children who have active TB disease usually have many of the following symptoms: cough for more than two weeks duration, loss of appetite, weight loss of ten or more pounds over a short period of time, fever, chills and night sweats. A person can have TB germs in his or her body but not have active TB disease (this is called latent TB infection or LTBI). Tuberculosis is preventable and treatable. TB skin testing (often called the PPD or Mantoux test) is used to see if your child has been infected with TB germs. No vaccine is recommended for use in the United States to prevent tuberculosis. The skin test is not a vaccination against TB. We need your help to find out if your child has been exposed to tuberculosis.

All information obtained herein will be kept in confidence

Place a mark in the appropriate box:	Yes	No	Don't Know
TB can cause fever of long duration, unexplained weight loss, a bad cough (lasting over two weeks), or coughing up blood. As far as you know: <ul style="list-style-type: none"> • Has your child been around anyone with any of these symptoms or problems? or • Has your child had any of these symptoms or problems? or • Has your child been around anyone sick with TB? 			
Was your child born in Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia?			
Has your child traveled in the past year to Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia for longer than 3 weeks? If so, specify which country/countries? _____			
To your knowledge, has your child spent time (longer than 3 weeks) with anyone who is/has been an intravenous (IV) drug user, HIV-infected, in jail or prison or recently came to the United States from another country?			

Has your child been tested for TB? Yes___ (if yes, specify date ___/___/___) No___

Has your child ever had a positive TB skin test? Yes___ (if yes, specify date ___/___/___) No___

Parent signature _____

Date _____

For Physician use only- (Must be a practicing physician/provider in the state of Texas per Texas Department of State Health Services guidelines)

PPD administered No___ Yes___ If YES:

Date administered: ___/___/___ Date read: ___/___/___ Result of PPD test: _____ mm response

PPD provider signature _____

printed name _____

City: _____ County: _____

Type of service provider (i.e. school, Health Steps, other clinics) _____

If positive, referral to physician No___ Yes___ If yes, name of provider: _____