

St. Gabriel Consolidated School Tuberculosis Screening Questionnaire for **Returning Students**

In order to ensure that St. Gabriel Consolidated School is in compliance requirements set by the Hamilton County Public Health TB Control Unit and with Ohio Law (ORC 3313.71 and 3701.13), we ask that you complete this questionnaire regarding your student and return it to the school health associate by _____.

Student Name _____ Grade _____ Homeroom _____

1. Has your child traveled outside of the United States within the past year?
 No (Please do not answer questions 2-4)
 Yes (If you answered “yes” you **must** answer all of the remaining questions)

2. To what country or countries did he/she travel? _____

3. On what date did he/she return to the United States? _____

4. Did he/she travel in a non-tourist capacity for at least one week? (The definition of a “non-tourist capacity” is staying with family/friends in a private residence, spending most of the travel time in a home or facility where the residents of the foreign county live, or a service/mission trip).
 Yes
 No

The school nurse will review the information you’ve provided according to the school policy based on the Tuberculosis guidelines from *Hamilton County Public Health Tuberculosis Control Unit*. If your child is required to have a TB test the school nurse will contact you as soon as possible. For more information please contact the school nurse.

Please note: that any student who travels **at any time** to a high-risk country, as defined by World Health Organization Global TB Control, in a non-tourist capacity, must provide documented evidence of having a negative skin test or blood test in no less than 60 days but no more than 90 days after their return from travel. It is the parent’s responsibility to notify the school of any planned or completed foreign travel during the school year.

I understand that I am responsible and agree to notify the school nurse of any planned or completed foreign travel during the current school year.

Parent/Guardian Signature _____ Date _____

(Please contact the school nurse for a complete, up to date list of the high risk countries as defined by the *World Health Organization*.)