

Volunteer Name: _____ Date: _____

Volunteer Signature: _____

DELAWARE DEPARTMENT OF EDUCATION¹
CONFIDENTIAL TUBERCULOSIS (TB) HEALTH QUESTIONNAIRE
FOR VOLUNTEERS IN PUBLIC SCHOOLS

All school students, employees, and volunteers are required to be screening for Tuberculosis (TB)². The purpose of this requirement is to safeguard school-aged children from exposure to TB in the school setting. This questionnaire is designed to identify volunteers who MAY have been exposed to TB and thus need further testing. A school designee will collect and monitor the Health Questionnaire, which will be stored in the School Nurse's office in a confidential manner. The questionnaire must be completed every five years. The volunteer may prefer to provide evidence of TB testing in lieu of completing the questionnaire.

Please consider the following questions and circle only ONE response in the box below³:

Can you answer "yes" to any of the questions below?	
<div style="border: 1px solid black; padding: 5px; min-height: 200px;"><p>1. In the past five years, have you lived or been in close⁴ contact with anyone who had active, infectious TB disease?</p><p>2. Do you currently have any of the following symptoms which are unexplained and which have lasted at least three weeks?</p><div style="display: flex; justify-content: space-between;"><div>Cough</div><div>Fever</div></div><div style="display: flex; justify-content: space-between;"><div>Night sweats</div><div>Weight loss</div></div><p>3. Have you ever had a positive HIV test?</p><p>4. In the past five years, have you ever used illegal intravenous drugs?</p><p>5. In the past five years, have you been incarcerated?</p><p>6. In the past five years, have you been homeless which resulted in living in a shelter or with others outside of your family, who were homeless?</p><p>7. For the next two questions, refer to the TB-Endemic Countries list provided by the Delaware Division of Public Health. <i>*see back of form</i></p><ul style="list-style-type: none">• In the past five years, have you stayed/lived in one of these countries for 1 month or longer?• In the past five years, have you lived or been in close contact with someone who stayed/lived in one of these countries for 1 month or longer?</div>	<div style="border: 1px solid black; padding: 10px; min-height: 150px;">YES <input type="checkbox"/> NO <input type="checkbox"/></div>

If you checked YES, you are required (within 2 weeks) to provide verification from a licensed health care provider or the Division of Public Health that there is no communicable threat.

Have you ever had a positive skin test for tuberculosis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you checked <u>yes</u>, you are <u>required</u> to provide documentation related to current disease status prior to your assignment or continued assignment as a volunteer. If you have provided documentation of completing treatment for active or latent infection, no further documentation is required.	

These requirements are for the safety of our school and for your personal health. Screening for tuberculosis is recommended by health professionals for any individual who is at risk. Routine screening, using a Mantoux tuberculin skin test or a TB blood test, such as the Quantiferon Gold TB Test, can detect if a person has been exposed to tuberculosis. Early identification of infection and completion of a course of antibiotic treatment significantly reduces the chance of developing active TB disease over the lifetime of infected individuals.

If you have any questions about your risk of infection, please speak with your healthcare provider or plan to discuss it at your next examination. For additional information, you can contact the Delaware Division of Public Health TB Elimination Program at 302-744-1050.

¹Developed and revised in collaboration with the Delaware Division of Public Health: 2/2005, 7/2010, 7/2013, 5/2015.

²Regulation 805 can be accessed at <http://www.state.de.us/research/AdminCode/title14/800>.

³To maintain confidentiality of medical information, the employee should not provide an individual answer to each question. The employee's response of "yes" indicates that at least *one* of the seven questions is correct, which means a possible exposure. The employee should not indicate which one. The employee may prefer to provide evidence of TB testing in lieu of completing the questionnaire.

⁴CDC describes "close contact" as prolonged, frequent, or intense contact with a person with TB, while he/she was in infectious.

CDC Immigration requires people coming into the US from the following countries be tested for TB. DOE requires students, who are new school enters from these countries or are re-enrolling in a Delaware public following travel or residency of one month, to have proof of a Tuberculosis Test.

Countries with Endemic Tuberculosis

WHO Estimates of Countries with TB Incidence Rates ≥ 20 Cases per 100,000 Population

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

Reference:

World Health Organization (WHO) estimates of tuberculosis incidence by country, 2013 (2013 data, released December 2014). Countries with rates of ≥ 20 cases per 100,000 population. http://www.who.int/tb/publications/global_report/en/

Source: Delaware Division of Public Health, Tuberculosis Elimination Program, R.Fournier, 6/23/15.

