

# The County of Yuba

## HEALTH & HUMAN SERVICES DEPARTMENT



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**Michael Kinnison, M.D.,  
Interim Health Officer**  
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**SUBJECT: TUBERCULOSIS SCREENING AND TESTING REQUIREMENTS**

Dear Parent or Guardian,

Due to the elevated risk of tuberculosis in Yuba County and an effort to reduce the risk for our children, the Yuba County Health Officer mandates the following:

All students entering kindergarten or seventh grade will be required to complete a risk assessment questionnaire within 12 months before attending their first day of school. This risk assessment will need to be reviewed by the school, and based on the assessment, your child may be required to have a TB test in order to meet the requirements of the mandate.

A risk assessment questionnaire has been included. Please fill out the questionnaire as soon as possible and send it back to the school your child will be entering. The school will review the assessment and determine if a TB test is needed. If the school determines that a TB test is needed based on risk factors, providing proof of a TB skin test completed within the last 12 months will be necessary to meet the TB mandate.

Your cooperation will aid in the control of tuberculosis within the community.

Sincerely,

A handwritten signature in cursive script that reads "Michael Kinnison MD".

Michael Kinnison, MD  
Interim Yuba County Health Officer

# Yuba County TB Mandate Risk Assessment Questionnaire

Name of child \_\_\_\_\_

Date of birth \_\_\_\_\_

Today's date \_\_\_\_\_

Phone number \_\_\_\_\_

To be filled out by parent or guardian

Has your child had a positive TB skin test before?	Yes _____ No _____
<b>**If yes, please provide documentation of LTBI treatment or a negative chest x-ray taken within the last 12 months to fulfill the Yuba County TB mandate.**</b>	
Was your child born in a high risk country or region (Mexico, any country in Africa, Asia, Central America, South America, or Eastern Europe)?	Yes _____ No _____
Has your child ever traveled to a high risk country (Mexico, any country in Africa, Asia, Central America, South America, or Eastern Europe) for more than 1 week?	Yes _____ No _____
Has a family member or close contact had Tuberculosis disease?	Yes _____ No _____
Has a family member or close contact had a positive TB skin test?	Yes _____ No _____