

School Entry Tuberculosis Risk Assessment Requirement

Frequently Asked Questions for School Staff

Tuberculosis Control Program

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1. **What do students need to meet the TB screening requirement in Los Angeles County?**

The TB risk assessment requirement for LA County is for all students attending a TK-12 school in LAC to at least once complete a TB risk assessment on initial school entry to the County. School districts may determine to require TB risk assessments at additional grades.

2. **Can schools require TB screening at grades beyond initial entry (e.g., 7th grade, 9th grade)?**

Yes. While LA County requires a TB risk assessment at least once at initial school entry, school districts may choose to require TB risk assessments at additional grades. Ideally, students should complete assessments at TK/K, 7th grade, and 9th grade, given the high TB morbidity in LA County.

3. **What documentation should schools accept as proof of completed TB risk assessment?**

Schools should accept the completed LA County Pediatric TB Risk Assessment form or equivalent California risk assessment form completed within the past year (for transfers from CA jurisdictions outside LA County and Cities of Long Beach and Pasadena). The form should include the healthcare provider's signature and date.

4. **Can a child start school before a TB risk assessment has been completed?**

Children without symptoms of TB disease may attend/start school without completing a TB risk assessment and have up to 90 days from the first day of school to complete the TB risk assessment. Children 10 years old or older with TB symptoms (cough >2-3 weeks, unexplained fever, weight loss or poor weight gain, excessive tiredness) must be reported as suspected TB to the LA County Department of Public Health TB Control Program by their provider via the [Confidential Morbidity Report](#) and excluded from school until medical evaluation is completed (see [Incomplete Screening Algorithm](#)).

5. **Can a student attend or start school if a TB risk is identified on the TB risk assessment?**

The healthcare provider completing the TB risk assessment should include a [TB symptom review](#).

- Children without symptoms of TB can attend or start school if a TB risk factor is identified, but TB evaluation has not been completed.
- Children with symptoms of TB that have an identified risk factor and have not completed TB evaluation must be reported as suspected TB by their provider to the LA County Department of Public Health TB Control Program via the [Confidential Morbidity Report](#). Any child 10 years old or older with TB symptoms must be excluded from school until medical evaluation is completed (see [Incomplete Screening Algorithm](#)). Children less than 10 years old with TB symptoms may return to school while completing TB evaluation once cleared by their healthcare provider and if able to.

7. **Who can administer the TB risk assessment and TB symptom review?**

Licensed healthcare providers, including physicians (MD/DO), nurse practitioners (NP), physician assistants (PA), registered nurses (RN), licensed vocational nurses (LVN), and public health nurses (PHN), can administer TB risk

assessments and symptom reviews. The assessment identifies risk factors for TB exposure and progression to disease.

8. Who must sign a child's clearance form to attend school following a positive TB test?

If the risk assessment and TB test are positive and requires a physical exam and chest x-ray, a physician (MD/DO), nurse practitioner (NP), or physician assistant (PA) must sign the clearance form.

9. What is the required timeframe for TB testing if a TB risk is identified?

Students who have a positive TB risk assessment must have a TB test (either IGRA or TST) completed within 90 days after the first day of school.

10. Can a student with a positive TB test continue attending school while awaiting a chest x-ray?

Yes. Children with a positive TB test and without symptoms of TB disease may attend/start school before finishing their TB evaluation. A chest x-ray should be obtained **promptly** after a positive TB test (TST or IGRA) to rule out active TB disease, and ideally, it should be done within one month of the positive TB test.

Children 10 years old or older with TB symptoms (cough >2-3 weeks, unexplained fever, weight loss or poor weight gain, excessive tiredness) must be reported as suspected TB to the LA County Department of Public Health TB Control Program by their provider via the [Confidential Morbidity Report](#) and excluded from school until medical evaluation is completed (see [Incomplete Screening Algorithm](#)).

11. What happens if a student does not have documentation of a completed TB evaluation after a positive TB test or treatment?

Parents of students without documentation of completed TB evaluation or TB infection (latent TB) treatment should receive a parent education packet. The student must have a TB symptom review completed by their healthcare provider or any licensed clinical provider to determine eligibility to attend school. Children without symptoms of TB do not need to be excluded from school. Any child 10 years old or older with TB symptoms must be reported as suspected TB to the LA County Department of Public Health TB Control Program by their provider via the [Confidential Morbidity Report](#) and excluded from school until medical evaluation is completed (see [Incomplete Screening Algorithm](#)).

12. If a student recently attended another school in LA County, do they need repeat TB screening?

No. If the student has documentation of a completed TB risk assessment from another LA County school, repeat screening is not necessary unless there has been a new risk factor (e.g., TB exposure or travel to TB-endemic areas).

13. What is the recommendation for TB screening for students transferring from Long Beach or Pasadena jurisdictions?

It is recommended that all counties and cities, including Long Beach and Pasadena, recognize the LA County or California risk assessment. The student does not need to repeat the TB risk assessment if completed once and is able to provide the documentation of a previous risk assessment, even if completed over a year ago.

14. What is the recommendation for TB screening for students transferring from other California school districts?

LA County will recognize completion of the California pediatric risk assessment to meet the LA County TB risk assessment requirement, provided the risk assessment was completed within 1 year of school registration into the LA County school.

15. What if a parent refuses to complete the TB risk assessment?

If the child is assessed to be in good health, provide the parent a TB education packet. Consider administering the TB risk assessment if licensed healthcare provider, e.g. school nurse is accessible. Assess the child for TB symptoms and if identified, exclude children 10 years old or older from attending school until medical evaluation is complete. Failing to perform the risk assessment, testing, and treatment qualifies as neglect and if other signs of neglect are present, then report to the Department of Children and Family Services (DCFS) if deemed appropriate.

16. Do homeless and foster youth need to follow the same TB risk assessment requirements?

The LA County TK–12 TB Screening Requirement is designed to align with the McKinney-Vento Act by supporting school attendance for homeless and foster youth while ensuring that students with symptoms receive appropriate care. Homeless and foster youth are promoted to complete the LA County Pediatric TB risk assessment, like all other students; however, they should not be excluded from school unless they are 10 years of age or older and are exhibiting symptoms of TB.

17. How should schools document TB screening in student health records?

Schools should maintain copies of completed TB risk assessments, any TB test results, chest x-ray reports, and medical clearance forms in confidential student health records. Healthcare providers are encouraged to document outcomes in the California Immunization Registry (CAIR).

18. What if a student's TB risk assessment form is incomplete or unclear?

Contact the parent/guardian to obtain complete information. If the healthcare provider's assessment is unclear, the school nurse may contact the provider directly or refer the family back to complete the form properly.

19. What accommodations should be made for students with disabilities during TB screening?

Work with families and healthcare providers to ensure TB risk assessments and symptom reviews can be completed appropriately. Telehealth options may be available for symptom reviews when an in-person assessment is challenging.

20. What resources are available to help families who cannot afford TB testing or evaluation?

Refer families to LA County Department of Public Health TB clinics, community health centers, or Federally Qualified Health Centers (FQHCs) that provide TB services regardless of ability to pay. You can find a list of community clinics that offer evaluation here:

<http://publichealth.lacounty.gov/tb/docs/LTBI%20Treatment%20Options.pdf>. School nurses can help connect families with these resources.

21. What if the student has documentation of a previous positive IGRA/TST from outside the U.S.?

Providers should administer a repeat TB test in the US, US Territories, or a US Military Base Medical Facility regardless of a prior positive IGRA or TST from outside the US. The only exception is if the student has documentation showing completion of TB infection (latent TB) treatment. In that case, the student is considered cleared and does not need repeat testing.