



Charlie Crist  
Governor

Ana M. Viamonte Ros, M.D., M.P.H.  
State Surgeon General

November 16, 2009

Staff, Students, and Parents:

A person at Arnold High School has recently been identified as having active tuberculosis (TB). The Bay County Health Department, with the cooperation of the Bay County School Board, has begun investigating this case and asks for your cooperation in evaluating possible exposure. Please complete the attached questionnaire and return it to the school no later than November 19, 2009.

TB is caused by breathing TB germs into the lungs. The most common way to become infected with TB germs is by spending a lot of time with a person who has active TB. TB is rarely spread to persons who spend a small amount of time with a person who has an active case of TB. School age children rarely become infected with TB.

Health department staff will review the information supplied on the attached questionnaire to determine if testing is necessary. Staff and the parents of the students who may have been exposed will be notified if testing for TB is indicated. A test known as the TB skin test (Mantoux/PPD) shows if TB germs have infected a person. Skin tests are usually administered twice. After a possible exposure is determined, an initial baseline test is performed. For persons whose first (baseline) test is negative, a second test is performed at least 8 weeks after the last possible exposure.

When a person does become infected with TB, the germ acts very slowly and most often does not cause disease. When it does cause disease, it takes at least several months from the time of exposure to develop sickness. TB can be treated and cured. Evaluation of positive skin tests and, if needed, treatment for TB, is available through the Bay County Health Department. Anyone who has a positive TB skin test will be offered evaluation and treatment through our TB program.

Bay County Health Department staff will administer and read TB skin tests at the school at no cost to the school or family. If any staff or students are unable to be at school on the day the tests are administered or read, alternative arrangements will be made. If you prefer to be tested by your healthcare provider, please ask that a "Mantoux" test be administered. Your healthcare provider may charge for this service.

For more information, please contact a member of the Bay County Health Department TB program at (850) 872-4720, ext. 1300.

Sincerely,

A handwritten signature in black ink, appearing to read "Dennis Cookro".

Dennis Cookro, M.D., M.P.H.  
Acting Director

DVC/jr

**Contact Investigation Questionnaire**

Date: \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Ethnicity: Hispanic Non-Hispanic Gender: M F  
(circle one) (circle one)

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**SCHOOL ACTIVITIES**

1. How often do you ride the bus to school?  
 Never     Occasionally (less than once a week)     At least once a week
2. How often do you eat in the cafeteria?  
 Never     Occasionally (less than once a week)     At least once a week
3. How often do you visit the media center for a period of 30 minutes or more?  
 Never     Occasionally (less than once a week)     At least once a week
4. Do you participate in Band or Chorus?     Yes     No
5. Please list extracurricular activities (teams, clubs, etc.) in which you participate:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HEALTH HISTORY**

**(please circle)**

1. Have you ever had a Tuberculosis skin test?    Yes    No
2. Have you ever had an organ transplant?    Yes    No
3. Are you a recent (within the last 5 years) immigrant from a country with a high rate of tuberculosis?    Yes    No
4. Have you ever injected drugs?    Yes    No
5. Have you been in jail, prison, or a juvenile detention center?    Yes    No
6. Have you ever worked/volunteered in a healthcare facility?    Yes    No
7. Do you have any friends or close relatives who cough a lot?    Yes    No
8. Has a friend or close relative ever been diagnosed with Tuberculosis?    Yes    No
7. Do you have any of the following medical conditions?
  - a. Diabetes    Yes    No
  - b. Chronic kidney failure with dialysis    Yes    No
  - c. Leukemia    Yes    No
  - d. Lymphoma    Yes    No
  - e. Cancer of the head, neck, or lung    Yes    No
  - f. Stomach surgery    Yes    No
  - g. Immune problems (Diagnosed with HIV disease OR taking Prednisone, Remicaid, Enbrel, Humira, or another drug that decreases your immune response longer than one month)    Yes    No

*This side to be completed by Bay County Health Department Personnel.*

## TST Form

### FIRST TEST

Date of TST:	Route/Site:	Mfg/Lot#
Provider:	DH TST Flyer:	Date Read: Results:

Client Signature: \_\_\_\_\_

### SECOND TEST

Date of TST:	Route/Site:	Mfg/Lot#:
Provider:	DH TST Flyer:	Date Read: Results:

Client Signature: \_\_\_\_\_