



BCG Community Nursing Team
 c/o Malthouse Surgery Health Visiting Team
 The Charter
 Abingdon
 Oxon
 OX14 3LJ

15 September 2011

BCG SCREENING QUESTIONNAIRE

Dear Parent / Carer

BCG (bacillus Calmette-Guérin) vaccine is now offered as part of a targeted programme to children who are most at risk of catching Tuberculosis (TB).

We are now screening all children in Year 7 in schools across Oxfordshire.

We need to identify if your child may benefit from vaccination and would be grateful if you could complete this questionnaire with your child. Please see the attached information leaflet about the BCG vaccination and its protection.

Please return the questionnaire to the school office in an envelope labelled for the attention of the School Health Nurse by 30th September

Information will not be shared with the school without your permission

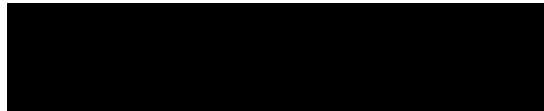
Personal information:

Child's Name:	
NHS Number:	DOB
Address:	
Parent / Carer's Name:	Tel No:
Contact Tel No:	
GP's Name	Tel No:
GP Practice:	
Name of School:	

Children who are at greatest risk are:

- **Those with a parent or grandparent born in a country with high rates of TB**
- **Children who were born in or have lived for at least three months in total in a country with high rates of TB**

Please complete both sides of form



The following continents or areas have high rates of TB:

- most of Africa
- the Indian sub-continent
- South-east Asia
- some Pacific Islands
- some South and Central American countries
- some European countries
- some former Soviet States and Eastern Block countries
- some Middle Eastern countries and Eastern Mediterranean countries

Please complete the following questions to help us identify if your child may benefit from BCG immunisation.

1. Has your Child had a BCG immunisation? Please refer to your child's red book (parent held child record) or contact your GP	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please enter the date if known.....	
2. Does your child have a parent or grandparent from a country with high rates of TB who they have contact with? Please specify: <i>(NOTE: Only tick YES if that person or your immediate family still has regular contact with that country)</i>	YES <input type="checkbox"/> NO <input type="checkbox"/> PARENT <input type="checkbox"/> GRANDPARENT <input type="checkbox"/>
If yes, or if you don't know if the country is high risk for TB (see attached list of countries) Name of country/countries	
3. Was your child born and / or have they lived in a country with high rates of TB for more than a total of 3 months of their life?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, or if you don't know if the country is high risk for TB Name of country/countries	

Please note.

If you require any help or assistance in completing this questionnaire, please contact one of the BCG nurses on either 07796995732 or 07818402732.

If your child fulfils the criteria for BCG vaccination, this form will be passed to the BCG community nursing team. They will contact you directly to make a full assessment, provide additional information and complete the referral process to action the immunisation.

Your child's school will be able to give you contact details for the School Health Nurse team, who will be able to give you advice and information about your child's health needs in school.

Please complete both sides of form