Child’s Name ________________________________ Date of Birth _________/_______/_______

The Centers for Disease Control and Prevention and the United States Public Health Service recommend tuberculosis skin testing for all individuals who may be at increased risk of tuberculosis.

Please fill the following form completely. **IF ANY ONE OF THE BOXES IN SECTIONS 1-4 IS CHECKED, THIS STUDENT IS REQUIRED TO HAVE A TUBERCULOSIS (PPD) SKIN TEST.**

☐ **Section 1:** This student has any of the following Possible Symptoms of Tuberculosis:

- Unexplained weight loss
- Unexplained elevation of temperature for more than one week
- Unexplained night sweats
- Unexplained persistent cough for more than 3 weeks
- Unexplained cough productive of bloody sputum

☐ **Section 2:** This student has any of the following Risk Factors for Tuberculosis Infection:

- Close contact with a known case of active tuberculosis
- Use of illegal injected drugs
- HIV (Human Immunodeficiency Virus) Infection
- Health Care Worker
- Resident or employee in a congregate living setting (nursing home, homeless shelter, correctional facility)

☐ **Section 3:** This student has any of the following Risk Factors for Tuberculosis Disease:

- Diabetes mellitus
- Lymphoma, leukemia or cancer of the head, neck or lung
- Chronic kidney failure
- Silicosis
- Gastrectomy or jejuno-ileal bypass
- Long-term immunosuppressive therapy
- Greater than 10% below ideal body weight

☐ **Section 4:** In the last five years, this student has lived in or traveled for 30 days or more to any of the following Areas with a High Prevalence of Tuberculosis as defined by the World Health Organization and the state health department:

- **Africa** – all countries
- **Asia/Southeast Asia/Pacific Islands** – all countries
- **North, Central & America** – Argentina, Bahamas, Belize, Bolivia, Brazil, Costa Rica, Columbia, Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Haiti, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Suriname, Venezuela
- **Europe** – Belarus, Bosnia, Herzegovina, Bulgaria, Croatia, Estonia, Hungary, Latvia, Lithuania, Macedonia, Moldova, Poland, Portugal, Romania, Russian Federations, Serbia, Slovak Republic, Slovenia, Ukraine, Yugoslavia
- **Middle East** – Bahrain, Iran, Iraq, Israel, Jordan, Kuwait, Lebanon, Oman, Qatar, Saudi Arabia, Syrian Arab Republic, Turkey, Yemen

☐ **No, none of the items listed in section 1-4 apply to this student.**

Parent/Guardian Signature ________________________ Date _________/_______/_______