SOUDERTON AREA SCHOOL DISTRICT School Health Services TUBERCULOSIS EVALUATION AND TESTING REPORT

All students that were born or lived in a foreign country and are entering school for the first time in the United States need to be evaluated and tested for Tuberculosis before they may attend Souderton Area School District.

Testing must be done by the Montgomery County Health Department and is free of charge. Please call to make an appointment at one of the offices listed below:

Willow Grove office: 215-784-5415
Norristown office: 610-278-5145
Pottstown office: 610-970-5040

ALL documentation is necessary (Immunization record, Passport, etc.)

STUDENT'S NAME				
BIRTHDATE	PLACE (OF BIRTH		
Clinic's Report of Tube Intracutaneous I Name of antige	erculin Test Results Mantoux Test Methor n and manufacturer I dose of purified process.	nod		
Date on which to Date on which to	test was applied test was read the millimeters			
X-Ray results: Preventive Anti	-Tuberculosis-Che	motherapy ordered	d:	
Signature of Clinic Per	sonnel	Date		
Signature of Clinic Per	sonnel	Date		

THIS FORM OR OTHER DOCUMENTATION OF TB TESTING MUST BE RETURNED TO THE SCHOOL NURSE BEFORE THE STUDENT MAY ENTER SCHOOL.

Form #66

Part A: Tuberculosis Exposure Risk Assessment Questionnaire for Students:

1. Was the student born outside the United States?

1. V	vas the student born outside the Office States.
	 What country: Is this country listed as having an incidence rate ≥ 20 per100,000 cases as per the World Health Organization (WHO) document? If so, then testing is required prior to the day of admission to school, and Perform TB Symptom Screening. fo: proceed to question 2.
2. H	las the student traveled outside the United States for ≥ 90 days?
	 Is this country listed as having an incidence rate ≥ 20 per 100,000 cases as per the World Health Organization (WHO) document? If so, then testing (performed in the U.S.) is required within 8-10 weeks of return to the U.S. and Perform TB Symptom Screening. no testing is required.
Part B:	Tuberculosis Symptom Screening for Students:
	The student is identified as having a risk of TB exposure (as listed in questions 1 oes the student now have symptoms of TB disease?
	 Cough greater than 3 weeks Blood in sputum Night sweats or fever Unexplained weight loss Loss of appetite yes no yes no yes no yes no

If yes to any of the symptoms please REFER STUDENT TO MCHD or Primary Physician for medical clearance prior to admission to class

Please feel free to call the MCHD TB Control program with any questions regarding screening or testing requirements.

• Willow Grove office: 215-784-5415 • Norristown office: 610-278-5145 • Pottstown office: 610-970-5040