



# ADULT TB (Tuberculosis) SCREENING FOR CO-OPING

Sleepy Hollow Preschool 2017-18

Adult Name:	Relationship To Child:
Child's Name:	Class Name:

## BELOW SECTIONS TO BE COMPLETED/SIGNED BY PHYSICIAN'S OFFICE or CLINIC:

### CHOOSE ONE METHOD:

**Clearance Statement:** A tuberculin skin test (PPD) is not indicated at this time due to the absence of symptoms suggestive of active tuberculosis, risk factors for developing active TB or known recent contact exposure.

**Tuberculin Skin Test (PPD):** Date Given: \_\_\_\_\_ Date Read: \_\_\_\_\_  
Results: Negative: \_\_\_\_\_ mm Positive: \_\_\_\_\_

**Positive PPD History → No Symptoms:** The individual has a history of a positive tuberculin skin test (latent infection). Follow-up chest x-ray is not indicated at this time due to the absence of symptoms suggestive of active tuberculosis.

**Positive PPD History → Medication Complete/No Symptoms:** The individual either is currently receiving or has completed medication for a positive tuberculin skin test (latent TB infection) and a chest x-ray is not indicated at this time. The individual has no symptoms suggestive of active tuberculosis disease.

**X-Ray Performed → No Evidence/Symptoms:** The individual had a chest x-ray on \_\_\_\_\_ (date) at (facility / location) \_\_\_\_\_ that showed no evidence of active tuberculosis. As a result of this chest x-ray and the absence of symptoms suggestive of active tuberculosis disease, a repeat film is not indicated at this time.

**Based on the available information, the above named individual can be considered free of tuberculosis in a communicable form.**

Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_  
(MD / Designee, or Health Department Official)

\_\_\_\_\_  
(Print Name / Title / Practice)