

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

Souderton Area School District requires a test for TB infection of all students who were born in/or lived in a country with a TB case rate > 20.

Testing can be performed at Montgomery County Health Department (3 sites):

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

Alternate testing option is a private physician or clinic.

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

STUDENT'S NAME _____ BIRTHDATE _____
Last First Middle

PLACE OF BIRTH/TRAVEL _____ WHO TB Case Rate _____

Report of Test for Tuberculosis Infection (2 options):

#1 Date of this **Skin Test** ___/___/___ 0.1ml/5TU Tubersol/Aplisol Lot #_____ Exp ___/___/___ Site _____ Time _____

Results: Date of Reading ___/___/___ Time of reading _____ Results _____mm Positive Negative

#2 Date of **QFT-GIT/ T-Spot** ___/___/___ **Interpretation:** positive negative indeterminate

Chest x-ray: (required if TST or IGRA is positive)

Date of chest x-ray ___/___/___ **Result:** normal ___ abnormal ___
(if film is consistent with TB, refer to MCHD)

Does student have signs or symptoms of active tuberculosis disease?

- Cough greater than 3 weeks ___yes ___no
- Blood in sputum ___yes ___no
- Night sweats or fever ___yes ___no
- Unexplained weight loss ___yes ___no
- Loss of appetite ___yes ___no

Active TB disease excluded, proceed to next item. *A decision to test is a decision to treat.*

Preventive Anti-Tuberculosis-Chemotherapy ordered or referred to MCHD: Yes ___ No ___

Based on the available information, the student can be considered free of tuberculosis in a communicable form and is cleared to attend school.

Signature of Clinic Personnel _____ Date _____

This form MUST BE RETURNED TO THE SCHOOL NURSE before the student MAY ENTER SCHOOL.

TB Risk Assessment Tool

Persons with any of the following risk factors are candidates for TB testing, unless there is written documentation of a previous positive TST or IGRA.

Risk Factor	Yes	No
Was the student born in a high-risk country? (Any country other than the US, Canada, Australia, New Zealand, or Western Europe).*	_____	_____
Has the student traveled outside the US for >= 90 days?	_____	_____
Is this country listed as having an incidence rate of >= 20 per 100,000 cases per the WHO document?	_____	_____
If so, then testing performed in the US is required within 8-10 weeks of return to the US.		
Has the student had close or prolonged Contact with someone with infectious TB disease?	_____	_____
Has the student had close or prolonged Contact with someone with a positive TB test?	_____	_____

Parent Signature: _____

- Please consult the most recent WHO report " Estimated Global Tuberculosis Incidence."