

Canton Public Schools TB Screening/Results

Name: _____ DOB _____ Age _____ Sex _____

Address: _____

Tuberculosis screening guidelines for Connecticut Schools.

It is recommended that at each mandated examination, an assessment be made of the risk of exposure to tuberculosis. It is further recommended that all school districts mandate that any child determined to be at high risk be tested and that anyone found to be positive have an appropriate management plan developed. Schools should assure that all students originally from high risk countries who are entering school in Connecticut for the first time receive a tuberculin skin test. A history of BCG vaccination is not a contraindication to testing nor should it be considered in interpretation of the skin test result.

High Risk Countries:

All countries in Africa, Asia (including former Soviet Union), Eastern Europe, Central and South America, Dominican Republic and Haiti.

It is the procedure of the Canton Board of Education that prior to entrance into the Canton School System, students must:

- **Show proof of at least one test for tuberculosis** **OR**
- **A documented negative tuberculosis risk assessment (see below) signed by a physician or his/her designee.**

Tuberculosis (TB) risk Assessment

Risk Factor	Yes	No
Has the child been in close contact with anyone with or suspected of having active TB		
Was the child born in or traveled to high prevalence areas (i.e. Asia, Africa Eastern Europe, Latin America-Haiti, Dominican Republic etc.)?		
Has the child been in regular contact with anyone with the following: HIV, incarceration, homelessness, migrant worker, illicit drug use?		
Has the child had an organ transplant or is the child immunosuppressed		
Does the child have any medical conditions associated with increased risk of progressing to TB Disease if infected (e.g. HIV, diabetes mellitus, cancer, end stage renal disease, chronic malabsorption syndrome, low body weight (i.e., 10% or more below ideal for given population)?		

No risk factors were found, no PPD is indicated and client can attend school.

Risk factors found. PPD test done on _____ (date)
 Positive _____ mm
 Negative

If PPD is positive or if there are signs and symptoms of active TB, a Chest x-ray is indicated prior to attending school.

Chest x-ray done on _____ Negative for active TB

Cleared for school entry

Provider Name: _____

Provider Signature: _____ **Date:** _____