

A certificate of medical or religious exemption may be accepted.

**WHITE PLAINS PUBLIC SCHOOLS**

**Tuberculin Screening Form**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Dear Physician,

As you know, universal tuberculin screening is not recommended in the U.S. and other low-incidence countries due to the high rate of false positive results. Tuberculin screening is, however, indicated for children with the following risk factors for TB:

1. Immigration from a country with a high incidence of TB (most countries of Asia, Africa, Central and South America, Russia, Haiti, and Dominican Republic).
2. Travel to a high-incidence country for more than one month (where housing was with family members, not hotels).
3. Household contact with parents or others who immigrated from a country with a high incidence of TB and tuberculin status unknown (consider for testing at ages 1, 5, 12).
4. Exposure to individuals in the past 5 years who are HIV-infected, homeless, residents of nursing homes, institutionalized, users of illicit drugs, incarcerated (test all groups every 2-3 years).
5. HIV infection (test yearly), diabetes mellitus, chronic renal failure, malnutrition, reticuloendothelial diseases, or other immunodeficiencies or receiving immunosuppressive therapy.

**If the criteria above applies, please administer a PPD skin test and complete Section A. If it does not apply, complete section B.**

If you have any questions, please call Brenda Madera, R.N., School Nurse Coordinator at (914) 422-2011.

**Physician *must* check and complete Section A or B and sign form.**

**Section A**

PPD (Mantoux): Date Placed \_\_\_\_\_ Date Read \_\_\_\_\_ Result in mm \_\_\_\_\_

**(Must be within one year of school entrance.)**

If positive, chest x-ray is necessary. Date of x-ray \_\_\_\_\_ Result \_\_\_\_\_

**Section B**

Tuberculin screening not indicated

Physician/Practitioner's Name (print) \_\_\_\_\_

Signed \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** This form should be returned to the Student Information Center (500 North Street, WhitePlains, New York 10605) after completion by doctor. If the form is not completed, or if the physician has not signed it, the form will be returned.