

**WHITE PLAINS PUBLIC SCHOOLS**  
**Tuberculin Screening Form**

**Student Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

Dear Physician,

As you know, universal tuberculin testing is not recommended in the U.S. and other low-incidence countries due to the high rate of false positive results. There are some times, however, when tuberculin testing is indicated. If the answer to any of the following questions is "yes," a child may be at risk for TB and a PPD (Mantoux) skin test should be administered.

1. Did the child immigrate from a country with a high incidence of TB (most countries of Asia, Africa, Central and South America, Russia, Haiti, and Dominican Republic)?
2. Did the child travel to a high-incidence country for more than one month (where housing was with family members, not hotels)?
3. Did the child have household contact with parents or others who immigrated from a country with a high incidence of TB and tuberculin status unknown?
4. Was the child exposed to individuals in the past 5 years who were HIV-infected, homeless, residents of nursing homes, institutionalized, users of illicit drugs, incarcerated?
5. Does the child have HIV infection, diabetes mellitus, chronic renal failure, malnutrition, reticuloendothelial diseases, or other immunodeficiencies or is the child receiving immunosuppressive therapy?

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**STEP 1: Physician must check and complete *either* "A" or "B" below:**

"A" if TB testing is not indicated - *or* - "B" if the answer to any of the above questions is "yes"

A.  Tuberculin testing is not indicated.

B.  PPD (Mantoux) testing is indicated. The test was administered on \_\_\_\_\_ and was read on \_\_\_\_\_. The result in mm was: \_\_\_\_\_. (Must be within one year of school entrance.)  
If the results were positive, indicate the date of the *mandatory* chest x-ray: \_\_\_\_\_.

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**STEP 2: Physician must sign this form below and complete the rest of the information.**

Physician/Practitioner's Signature: \_\_\_\_\_

Name (*please print*): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

This form should be returned to the Student Information Center (500 North Street, White Plains, 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.