



Board of Education

Maria M. Caceres Rachael Robles
Maria E. Cruz Simon Wright
Sue L. Maulucci

District Superintendent

Elizabeth Eminhizer, Ed.D.

TB SCREENING HISTORY

Name (Last, First, Middle Initial)	DOB
Signature	Date

I hereby give my consent to have a Mantoux skin test. I certify that the following information is true.

Have you ever or currently have any of the following (check yes or no):	Yes	No
1. Medicine for TB or for a positive skin test (Medical documentation required)	<input type="checkbox"/>	<input type="checkbox"/>
2. Recent immunization for measles, mumps, or rubella in the last 30 days	<input type="checkbox"/>	<input type="checkbox"/>
3. BCG vaccination If yes, when?	<input type="checkbox"/>	<input type="checkbox"/>
4. Known exposure to someone with TB If yes, when?	<input type="checkbox"/>	<input type="checkbox"/>
5. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
6. Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
7. Lung problems	<input type="checkbox"/>	<input type="checkbox"/>
8. Treatment with cancer medicines	<input type="checkbox"/>	<input type="checkbox"/>
9. Steroids or cortisone	<input type="checkbox"/>	<input type="checkbox"/>
10. Chronic cough	<input type="checkbox"/>	<input type="checkbox"/>
11. Loss of appetite	<input type="checkbox"/>	<input type="checkbox"/>
12. Night sweats	<input type="checkbox"/>	<input type="checkbox"/>
13. Blood in sputum	<input type="checkbox"/>	<input type="checkbox"/>
14. Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>
15. Weight loss	<input type="checkbox"/>	<input type="checkbox"/>
16. Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
17. Allergies? (Please list)	<input type="checkbox"/>	<input type="checkbox"/>
18. Currently taking medication? (Please list)	<input type="checkbox"/>	<input type="checkbox"/>

Skin Test

Date Given:	Reading:	Read Date:
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Chest X-Ray

The patient had a chest X-ray on Date: _____ and is determined to be free of infectious tuberculosis.

Healthcare Provider Signature & Stamp: _____