## REPORT OF TUBERCULOSIS SCREENING CHILD DAY PROGRAMS

Standards and child care policy require certain individuals to submit a report indicating the absence of tuberculosis in a communicable form when involved with child day programs and family day systems regulated by the Department of Education, including unlicensed, unregistered programs that participate in the Child Care Subsidy Program. Each report must be dated and signed by the examining physician, the physician's designee, or an official of a local health department. When signed by the physician's designee, the form must also identify the physician/physician practice with which the physician—designated screener is affiliated.

Name:	: Date of Birth: _			
Address (Street, Cit	y, State, Zip Code	):		
active tuberculosis, r	isk factors for deve	loping active TB or kn	own recent contact ex	of symptoms suggestive of posure.
		te given:		,
Results:	mm	Positive:	Negative:	 3).
not needed at this tin	has a history of a j	positive tuberculin ski ce of symptoms sugges	n test (latent infection) stive of active tubercule	). Follow-up chest x-ray is osis.
4) The individual test (latent TB infecting suggestive of active to the suggestive to the sugg	ual either is current ction) and a chest tuberculosis disease	ly receiving or has con x-ray is not indicated	mpleted medication for at this time. The in	r a positive tuberculin skin dividual has no symptoms
5) The individu that showed no evide	ual had a chest x-ray nce of active tuberc	on(date	e) at nest x-ray and the abser	(location) nce of symptoms suggestive
Based on the availal communicable form		ne individual can be c	onsidered free of tube	erculosis in a
Signature/Title:				Date:
	(MD/designee or	Health Department Of	ficial)	
	(Print Name/Title	<del>e</del> )		
Address, including na	ame of practice if app	propriate		
Phone number				