East Windsor Regional School District

Division of School Health Services

TUBERCULOSIS (TB) SCREENING FORM

Please answer all of the following questions:

1. Has your child ever had a skin test for TB? Y N
2. Has your child ever had a positive reaction to a TB skin test? Y N
3. Has your child ever had close contact with anyone who was sick with TB? Y N
4. Is your child transferring into East Windsor Regional School District directly from a country not listed below, regardless of age or grade? Y N
5. Was your child **born in a country that is not listed below and entering school in the U.S. for the first time**, regardless of age or grade? Y N
   (If yes, please write the name of the country _____)
6. Has your child ever been vaccinated with BCG? Y N

The following countries have a <u>Low incidence of TB and require no TB testing:</u>

America Samoa	Andorra	Antigua and Barbuda	Australia
Austria	Barbados	Belgium	Bermuda
Canada	Cayman Islands	Cook Islands	Costa Rica
Cuba	Cyprus	Czech Republic	Denmark
Dominica	Finland	France	Germany
Greece	Greenland	Grenada	Iceland
Ireland	Israel	Italy	Jamaica
Jordan	Lebanon	Luxembourg	Malta
Monaco	Montserrat	Netherlands	Netherlands Antillies
New Zealand	North Ireland	Norway	Oman
Puerto Rico	Saint Kitts and Nevis	St. Lucia	St. Maarten (Dutch)
San Marino	Slovakia	Slovenia	Spain
Sweden	Switzerland	Trinidad and Tobago	Turks and Caicos
United Arab Emirates		United Kingdom of Great Britain and Northern Ireland	
<u>United States of America</u>	<u>United States of Virgin Islands</u>		<u>West Bank and Gaza</u>

Students entering a U.S. school for the first time in NJ or transferring into a NJ school from **ANY** country **<u>not</u>** listed above must receive a screening for tuberculosis with a blood test (IGRA) or Mantoux skin test.

<u>If the answer to all of the above questions is NO, no further testing or action is required</u>.

___I will have the Mantoux test administered to my child by my private physician within 10 days.

___I prefer to have the school nurse administer this test. _____

Signature of Parent/Guardian

Date administered: _____

Date of reading: _____

Signature of Healthcare provider: _____