



CITY SCHOOL DISTRICT OF PEEKSKILL

**EITHER A OR B MUST BE COMPLETED BY PHYSICIAN
IF A OR B IS NOT COMPLETED, FORM WILL BE RETURNED**

Este formulario es para la evaluación de riesgos de tuberculosis. La opción A o B debe ser completada por el médico, si A o B no ha sido completada, este formulario será devuelto a los padres.

- A. **PPD (Mantoux):** Date placed _____ Date read _____ Result in mm _____
OR
B. **Tuberculin screening** not indicated (see below) _____ (MD must initial)

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)
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, other immunodeficiencies or receiving immunosuppressive therapy