

Tuberculosis Screening Documentation for Incoming MVPNS Families

(Incoming families are those families new to MVPNS or families not attending the current school year.)

Testing must be performed after July 1

Parent Name _____

Date PPD Placed _____

Date PPD Read _____

Results: _____mm

Physician Signature Date of Signature Office Phone

Physician address

Parents who have had prior Pos TST must have Physical Exam and Chest x-ray after July 1. Please provide a physician's clearance stating that the individual is free of communicable TB disease.

Continuing Families: Repeat TST every 4 years.

Guidelines per "Santa Clara County Tuberculosis Screening Guidelines for All Employees and Volunteers in Schools; Public, Private and Parochial K-12 and Child Care Facilities; Preschools, Day Nurseries and Development Centers.

MVPNS, April 2010.