|  |  |  |
| --- | --- | --- |
|  |  |  |
|  | **DCCCC Tuberculin Skin Testing Information** |
|  |  |

The New Hampshire Tuberculosis (TB) Program does not recommend routine skin testing for children in NH child care settings. It is recommended that children with certain risk factors are tested and, of course, DCCCC follow these recommendations.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child’s Name: |  |  | | | | | | |
|  | | |  |  |  |  |  |  |
| Parent/Guardian Signature: | | |  |  |  | Date: |  |  |
|  | | |  |  |  |  |  |  |
| Parent/Guardian Signature: | | |  |  |  | Date: |  |  |

|  |  |  |
| --- | --- | --- |
| Has your child been tested for TB? |  |  |

|  |
| --- |
| If yes, please give the dates and the results of tests taken in the last 12 months. |
|  |
|  |
|  |
|  |

Does your child meet any of these criteria which indicate immediate skin testing is advised? Please indicate yes or no.

|  |  |  |
| --- | --- | --- |
|  |  | Has your child been exposed to persons with confirmed or suspected infectious tuberculosis? |
|  |  |  |
|  |  | Has your child had any radiographic or clinical findings suggesting tuberculosis? |
|  |  |  |
|  |  | Did your child emigrate from an endemic country? (e.g. Asia, Middle East, Eastern Europe, Africa, Latin America) |
|  |  |  |
|  |  | Does your child have extensive travel histories to endemic countries and/or significant contact with indigenous |
|  |  | persons from such countries? |
|  |  |  |
|  |  | Does your child have any immunosuppressive therapy planned? |

Note: Children infected with HIV should be tested annually for tuberculosis.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FOR OFFICE USE ONLY**  Annual Update: Parent/Guardian must review this information annually, make necessary changes, and initial and date below to verify that the information is current. | | | | | | | | | | | | | | | |
| Initials: |  |  |  | Date: |  |  |  | Initials: |  |  |  | Date: |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Initials: |  |  |  | Date: |  |  |  | Initials: |  |  |  | Date: |  |  |  |
|  | | | | | | | | | | | | | | | |