



TUBERCULOSIS ASSESSMENT REPORT FOR CHILD CARE FACILITIES

Please return to the child’s daycare provider, not the Health Bureau

Age-appropriate tuberculosis assessment should be performed by the healthcare provider as part of the physical exam that is required by the City of Allentown Codified Ordinance for admission to licensed Child Care Facilities. Age-appropriate tuberculosis assessment may be performed **yearly**, in conjunction with the physical assessment.

Name of Child: _____ Date of Birth: _____

NAME of DAY CARE FACILITY _____

To determine the risk of acquiring Tuberculosis infection, the following questions should be asked of the parent/guardian.

____yes ____no 1. Have you or your child been exposed or had any household contact with someone who has or is suspected to have active tuberculosis?

____yes ____no 2. Are you or your child from a foreign country or have you been outside the U.S. in the last six months?

____yes ____no 3. Are you or your child a household contact with someone who has been in jail or homeless in the last five years?

____yes ____no 4. Do you or your child have cancer, chemotherapy treatments, HIV infection, chronic asthma, or long-term steroid use?

____yes ____no 5. Has your child had household contact with someone with a positive Tuberculosis Test?

If “yes” to any of these questions, a tuberculosis test is required according to the guidelines and recommendations as follows: For children under the age of 2 years, a PPD skin test is required. For children over 2 years, a QuantiFERON Gold test is recommended but a PPD test is acceptable. Testing must be interpreted by a healthcare provider. Frequency of testing should be done accordingly to the degree of risk of acquiring Tuberculosis infection.

Date: _____

_____ Tuberculosis assessment completed – No need for TB Testing at this time.

_____ Tuberculosis testing completed by: _____

PPD METHOD (5TU) (CHILDREN UNDER 2)

DATE PPD APPLIED: _____

GIVEN BY: _____

RESULTS IN 48-72 HOURS: _____MM

INTERPRETED BY: _____

DATE: _____

PHYSICIAN’S SIGNATURE:

QUANTIFERON TB GOLD PLUS TEST

DATE OF TESTING: _____

RESULTS: _____

POSITIVE NEGATIVE

INTERPRETED BY: _____

DATE: _____

DATE: _____

Alliance Hall - 245 North 6th Street - Allentown, PA 18102-4128

An Equal Opportunity Employer - Hearing Impaired - TTY 610.437.7551 - Printed on Recycled Paper