

# Discover *the city* Allentown

BUREAU OF HEALTH  
Community and  
Economic Development  
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## 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: \_\_\_\_\_

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 skin test, by the Mantoux method and interpretation of results by a health care provider, is recommended. 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 Mantoux method (5Tu).

Date PPD applied: \_\_\_\_\_

Given by: \_\_\_\_\_

Results in 48-72 hours: \_\_\_\_\_ mm

Interpreted by: \_\_\_\_\_

Date: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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