



TUBERCULOSIS ASSESSMENT REPORT FOR CHILD CARE FACILITY STAFF

Please return to the Child Care Facility, not the Health Bureau

A 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 employment *at a licensed Child Care Facility*. A tuberculosis assessment must be performed **every 2 years**, in conjunction with the physical examination.

Name of Staff Member: _____ Date of Birth: _____

NAME of DAY CARE FACILITY _____

To determine the risk of acquiring Tuberculosis infection or disease, the following questions should be asked of the staff member:

- ____yes ____no 1. Have you been exposed or had any household contact with someone who has or is suspected to have active tuberculosis?
- ____yes ____no 2. Were you born outside the U.S. or have you been outside the U.S. in the last year?
- ____yes ____no 3. Are you a household contact with someone who has been in jail or homeless in the last five years?
- ____yes ____no 4. Do you have cancer, chemotherapy treatments, HIV infection, chronic asthma, long-term steroid use, Hepatitis B or C, or planned immunosuppression with medication such as anti-TNF-agents (e.g. infliximab) or immune-modulating agents?
- ____yes ____no 5. Have you had household contact with someone with a positive Tuberculosis Test?

If “yes” to any of these questions, a CDC-approved Tuberculosis test, with interpretation of results by a health care provider, is required. Frequency of testing should be done according to the degree of risk of acquiring Tuberculosis infection, but at least every 2 years with physical examination.

Date: _____

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

_____ Tuberculosis testing completed by: _____

T-SPOT DATE OF BASELINE QFT _____
(REQUIRED ONCE BEFORE RISK ASSESSMENT)

QUANTIFERON TB GOLD PLUS TEST
DATE OF TESTING: _____
RESULTS: _____
 POSITIVE NEGATIVE

INTERPRETED BY: _____

DATE: _____