CHINESE INTERNATIONAL SCHOOL MANILA

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TUBERCULOSIS SCREENING FORM

(for new students, incoming grades 1, 6 & 9, those who have been to countries listed on page 2)

STUDENT INFORMATION

Name			
LAST NAME	FIRST NAME	MIDDLE NAME	NICKNAME
Date Of Birth MONTH DAY YEAR	Gender ☐ MALE ☐ FEMALE	Place Of Birth (City, Country)	Date of Latest Arrival in the Philippines MONTH DAY YEAR

TUBERCULOSIS SCREENING

Section A. History of Tuberculosis

1. Has your child been sick with tuberculosis? ❑Yes ❑No
2. Has your child ever had a positive Mantoux tuberculin skin test/PPD test? ❑Yes ❑No

Section B. Tuberculosis Exposure Risk

1. Was your child born in any of the countries listed on p.2? ❑Yes ❑No
2. Has your child lived or traveled for more than one month in any of the countries listed on p.2? ❑Yes ❑No
   If yes, state which country and for how long? ______________________
3. Have you or your child lived with or been in close contact with a person known to be or suspected of being sick with TB? ❑Yes ❑No
4. Have you lived, worked, or volunteered in any homeless shelter, prison/jail, hospital or drug rehabilitation unit, nursing home, or residential healthcare facility? ❑Yes ❑No

Section C. Tuberculosis Symptoms

Do any of the following conditions apply to you or your child?

1. Persistent cough (three weeks or more)? ❑Yes ❑No
2. Fever, night sweats, fatigue, loss of appetite, weight loss? ❑Yes ❑No

I certify that all information given on this form is complete and correct. I acknowledge that it is my responsibility to inform the CISM Clinic of any changes in my child's health, physical condition, or medical requirements.

______________________	______________________	______________
Signature of Father/Guardian (signature over printed name)	Signature of Mother/Guardian (signature over printed name)	Date

If the answer to any of the above is YES, health care provider should accomplish page 2.
If the answer to all the questions is NO, there is no need to accomplish page 2.

TUBERCULOSIS TESTS (to be completed by Licensed Physician)

Tuberculin Skin Test (required for those who answered YES to any of the questions above)		
Date Given: ____________ Date Read: ____________	Diameter (mm): ____________ Test Result: ____________	
Chest X-ray (required for those who have have positive tuberculin skin test)		
Date of X-ray: ____________	X-ray Result:____________	
Previous Treatment		
If tuberculin skin test is positive but chest X-ray is negative, did the student complete a course of treatment? ☐ Yes ☐ No If yes, how long did the treatment last? (no. of months)____________		
Physician's Printed Name	License No.	Date
Address	Phone No.	Signature

*The Global Tuberculosis Report 2012 by WHO considers the ff countries to be tuberculosis high-burden countries (HBCs):

Afghanistan	Democratic Rep. of Congo	Mozambique	Russian Federation	Zimbabwe
Bangladesh	Ethiopia	Myanmar	South Africa	United Rep. of Tanzania
Brazil	India	Nigeria	Thailand	
Cambodia	Indonesia	Pakistan	Uganda	
China	Kenya	Philippines	Vietnam	