

Return to:  
Cuddle Zone Learning Center  
445 Allentown Drive  
Allentown PA 18109  
FAX 610 434-3005

ALLENTOWN HEALTH BUREAU  
245 North 6<sup>th</sup> St  
Allentown, PA 18102  
Ph. 610.437.7760 Fax 610.437.8799

**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*** \_\_\_ Cuddle Zone Learning Center \_\_\_\_\_

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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