SCHOOL MANDATED TUBERCULOSIS SKIN TEST REPORT FORM
CATHOLIC HIGH SCHOOLS
2006-2007

DISTRICT/SCHOOL CODE:
School Name:
Address:
City, State, Zip:

ADDRESS CORRECTIONS:
School Name:
Address:
City, State, Zip:

INSTRUCTIONS for Completing Table below: (Visit our website http://lapublichealth.org/tb/tblegal.htm for frequently asked questions or further inquiries.)

1. Students covered under the School Mandate:
   - ALL Kindergarten students must have a Mantoux TB Skin Test within one year prior to the first day of school. (Except Pre-school students. Pre-school and day-care facilities have their own requirements.)
   - **NEW** students in grades 1-12 who have never previously attended a California school must show proof of a Mantoux TB Skin Test from any previous time. (Transfer students from within California or Los Angeles County are not required to have a TB Skin Test).
   - For students transferring into your school after the start of the school year, please include those who enroll in your school on or before October 31, 2006.
2. For each grade level, K -12, please enter the NUMBER of Positive and Negative skin test results for columns (A)+(B) for U.S. Born students and columns (C)+(D) for Foreign Born students. Enter zeroes for blanks.
3. Enter the NUMBER of waivers * (both medical and personal/religious belief waivers) in column (E). Enter zeroes for blanks.
4. Please enter the Total Kindergarten students in column (F). Column (F) must be the sum of columns (A)+(B)+(C)+(D)+(E).
5. **Only** the **Mantoux Skin Test** is acceptable. **Multiple Puncture Tests** are unacceptable for the School Mandate.
6. Pending results require urgent follow-up and cannot be reported without a result.
7. If no students are eligible for the mandate, please check the appropriate box on the table and return the form.
8. If your school uses age groups instead of grade levels, estimate the grade level based on age and fill-in the appropriate row for that grade. Example: age 4 years 9 months = Kindergarten level; age 5 years 9 months = First Grade level.
9. **Please list your name, title, telephone number, and e-mail address** below the table.

If no students are covered by the 2006-2007 TB Skin Test Mandate, check here →						
Grade Level	**U.S. Born Students Tested**		**Foreign Born Students Tested**		**Number of Waivers ***	**Total K Students**
	Positive (A)	**Negative (B)**	**Positive (C)**	**Negative (D)**	**(E)**	**(F)**
K (all students)	N/A	N/A	N/A	N/A	N/A	N/A
1 (New to CA)	N/A	N/A	N/A	N/A	N/A	N/A
2 (New to CA)	N/A	N/A	N/A	N/A	N/A	N/A
3 (New to CA)	N/A	N/A	N/A	N/A	N/A	N/A
4 (New to CA)	N/A	N/A	N/A	N/A	N/A	N/A
5 (New to CA)	N/A	N/A	N/A	N/A	N/A	N/A
6 (New to CA)	N/A	N/A	N/A	N/A	N/A	N/A
7 (New to CA)	N/A	N/A	N/A	N/A	N/A	N/A
8 (New to CA)	N/A	N/A	N/A	N/A	N/A	N/A
9 (New to CA)						N/A
10 (New to CA)						N/A
11 (New to CA)						N/A
12 (New to CA)						N/A

Name of person completing form: _____ Title: _____
Telephone Number: (_____) _____ Fax Number: (_____) _____
Email address: _____

- Attention school staff: **Please send your school's completed report form by OCTOBER 20, 2006 to the Coordinator:**
  Dorothy Pittelkau, Assistant Superintendent of Secondary Schools
  Department of Catholic Schools
  3424 Wilshire Boulevard, Seventh Floor
  Los Angeles, CA 90010-2202
- Attention Coordinator: **Please forward the completed report forms by NOVEMBER 10, 2006 to the Tuberculosis Control Program.**

➔ For questions regarding completing this form, please call the School Mandate Coordinator at TB Control: 213-744-3507.
➔ For questions regarding the TB Skin Test, please call the TB Nurse at TB Control: 213-744-6160.