



GILROY UNIFIED SCHOOL DISTRICT STUDENT REGISTRATION

Dual Immersion
PLEASE COMPLETE SEPARATE APPLICATION

Student Name: <hr/> Last First Middle <hr/> Mailing Address City Zip Code <hr/> Residence Address City Zip Code	Birthdate: Birthplace, State or Country <hr/> MEDICAL PROBLEM: <input type="checkbox"/> YES <input type="checkbox"/> NO <hr/> LIST PROBLEM: (Attach any additional Information)	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> <hr/> Grade level registering this year: <hr/> School Year:
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Primary Phone:	Emergency Contact- if responsible adult (parent, guardian) is unavailable Name Address Phone	Month/Year Moved To Current Address:								
Has this student attended Gilroy Unified Schools in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No School: _____ Grade: _____ Year: _____	List any siblings living in the home attending Gilroy Schools: <input type="checkbox"/> Yes <input type="checkbox"/> No <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"><u>Name</u></td> <td style="width: 70%;"><u>School/Grade</u></td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	<u>Name</u>	<u>School/Grade</u>							PLEASE FILL OUT MOBILITY FORM
<u>Name</u>	<u>School/Grade</u>									
Has this student ever received any of the following services in this or any other District? GATE <input type="checkbox"/> Yes <input type="checkbox"/> No 504 <input type="checkbox"/> Yes <input type="checkbox"/> No Special Education* <input type="checkbox"/> Yes <input type="checkbox"/> No * (if yes identify services) Resource, Speech, Special Day										

Previous School (s) (List Pre-School if applicable)										
Grades Attended	Date Enrolled	Date Left	School	Public		State	City	County		
				Yes	No					

Home Language Survey
If you answer any language other than English for any of the questions below, your child will be required to take an (ESL) (ELD) Test..

1. What language did this student learn when first beginning to talk? _____ 3. What language does this student <i>most frequently</i> use at home? _____	2. What language do you use <i>most frequently</i> to speak to this student? _____ 4. What is the preferred language for your correspondence? _____
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Check all that Apply <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (Specify) Divorced/Legally Separated <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Joint Custody? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Emergency Contact?	Guardian Name: _____ Address if different from student _____ Business Phone: _____ Ext. _____ Cell Phone: _____ Email: _____ Education Level, College Year or Degree Obtained: <input type="checkbox"/> Not high school graduate <input type="checkbox"/> College Graduate <input type="checkbox"/> High School Graduate <input type="checkbox"/> Graduate School <input type="checkbox"/> Some College
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Check all that Apply <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (Specify) Divorced/Legally Separated <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Joint Custody? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Emergency Contact?	Guardian Name: _____ Address if different from student _____ Business Phone: _____ Ext. _____ Cell Phone: _____ Email: _____ Education Level, College Year or Degree Obtained: <input type="checkbox"/> Not high school graduate <input type="checkbox"/> College Graduate <input type="checkbox"/> High School Graduate <input type="checkbox"/> Graduate School <input type="checkbox"/> Some College
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I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND THAT MY SUPPORTING DOCUMENTS ARE CORRECT.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

Office Use Only

STUDENT ID:	SCH	REG-DATE	ENROLLED by	ETH	IMMUN	SPECIAL ED	HOME-SCH	Next School Code
Documentation of Birthdate:			Referred to ELD _____			Primary Language _____		TRANSITIONAL KINDER <input type="checkbox"/>
<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Baptismal Certificate <input type="checkbox"/> Military ID			ELD Status _____ Test Date _____					



GILROY UNIFIED SCHOOL DISTRICT

7810 Arroyo Circle, Gilroy, California 95020
Tel. 669-205-4000 fax: 408-847-4717
www.gilroyunified.org

SUPERINTENDENT

Dr. Deborah A. Flores, Ph.D.

BOARD OF EDUCATION

Enrique Diaz ♦ B.C. Doyle ♦ Tuyen Fiack ♦ Mark Good
Anisha Munshi ♦ James E. Pace ♦ Linda Piceno

School Registration Requirements

1. Birth Verification (one required)

- Certified Birth Certificate
- Baptismal Certificate
- Passport
- Other _____

2. Complete Immunization Record – Including TB Test (PPD) requirements

3. Proof of Residency

This worksheet will assist you in the residence verification process. Please bring the **original** and a copy of one item from Box One and the **originals** and copies of two items from Box 2 to your attendance area school. If you do not have access to a copy machine, we will make copies for you. **The originals will be returned** the same day and copies will be turned in with your student registration packet.

Please direct any questions to the school secretary at your attendance area school.

Proof of residency from each category listed below: (total of 3 current forms required)

<p>Category 1 (One form required)</p> <ul style="list-style-type: none"><input type="checkbox"/> Mortgage Statement<input type="checkbox"/> Property Tax Statement<input type="checkbox"/> Escrow Papers<input type="checkbox"/> Rental Agreement
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<p>Category 2 (Two forms required)</p> <ul style="list-style-type: none"><input type="checkbox"/> PG&E Bill<input type="checkbox"/> City of Gilroy Bill / Water Bill<input type="checkbox"/> Waste / Recycling Bill<input type="checkbox"/> Landline Phone Bill<input type="checkbox"/> Cable Bill<input type="checkbox"/> Homeowners / Renters Insurance declarations

YOU MUST BRING THE ORIGINAL DOCUMENTS FOR VERIFICATION

Any irregularities discovered during the residency verification process may result in further review by the GUSD Residence Verification Specialist.



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Enrollment Center
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2019-2020
Mobility Form
 (Confidential)

Student Information			
Student's Name		Date of Birth	
Ethnicity / Race			
What is your Child's Ethnicity? (<i>Please Check One</i>)			
Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)		Not Hispanic or Latino	
What is your child's race? (Please check up to five racial categories) <i>The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more boxes to indicate what you consider your race to be.</i>			
<input type="checkbox"/> American Indian or Alaskan Native (100) <small>(persons having origins in any of the original people of North, Central or South America)</small>	<input type="checkbox"/> Laotian (206) <input type="checkbox"/> Cambodian (207) <input type="checkbox"/> Hmong (208) <input type="checkbox"/> Other Asian (299)	<input type="checkbox"/> Tahitian (304) <input type="checkbox"/> Other Pacific Islander (399) <input type="checkbox"/> Filipino/Filipino American (400) <input type="checkbox"/> African American or Black (600)	<input type="checkbox"/> White (700) (persons having origins in any of the original peoples of Europe, North Africa, or the Middle East)
<input type="checkbox"/> Chinese (201) <input type="checkbox"/> Japanese (202) <input type="checkbox"/> Korean (203) <input type="checkbox"/> Vietnamese (204) <input type="checkbox"/> Asian Indian (205)	<input type="checkbox"/> Hawaiian (301) <input type="checkbox"/> Guamanian (302) <input type="checkbox"/> Samoan (303)		
Mobility Information (Required/Mandated)			
1. Circle the grade in which you are enrolling your child.		TK K 1 2 3 4 5 6 7 8 9 10 11 12	
2. Circle the grade when your child first entered/attended this district		TK K 1 2 3 4 5 6 7 8 9 10 11 12	
3. When did/will your child first attend school in the United States?		Month _____ Year _____	



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Re: Residence Verifications for all incoming 9th grade students –
Deadline March 29, 2019

January 10, 2019

Dear Parents of 8th Grade Students,

As a part of the transition process to high school, we are contacting all parents/guardians of 8th Grade students to remind them of the District's address verification process before entering high school. In order to keep student enrollment at a level that is fair for everyone, we require all incoming 9th grade students to provide proof of residency for their appropriate high school attendance area.

All incoming ninth graders must submit "Proof of Residency" as part of the transition process to high school by Friday, March 29th, 2019 at 4:00 p.m. Students who do not submit the paperwork on time may be assigned outside their attendance area school based on resource and space availability.

Suspected cases of fraudulent paperwork will be investigated by the GUSD Residence Verification Specialist. The District may refer cases in which false information has been intentionally provided to the District Attorney's Office for further action and/or file civil action to recover damages incurred as a result of providing false information. The use of fraudulent addresses is not acceptable. Your cooperation and understanding is essential to the process.

As a CHARACTER COUNTS![®] District, we expect everyone to engage in behaviors that are aligned to the six pillars of character that we teach to our students; trustworthiness, respect, responsibility, fairness, caring, and citizenship.

We are very fortunate as a district to have comprehensive high schools of such high quality, offering a similar and broad range of courses (including 20 Advanced Placement courses) which are taught by highly qualified teachers. Please attend the upcoming freshmen orientations on February 4th, 2019 so that you can learn more about your child's attendance area high school.

Thank you for your time.

Sincerely,

Dr. Deborah A. Flores, Ph.D
Superintendent



GRADE	NUMBER OF DOSES REQUIRED OF EACH IMMUNIZATION ^{1, 2, 3}				
K-12 Admission	4 Polio⁴	5 DTaP⁵	3 Hep B⁶	2 MMR⁷	2 Varicella
(7th-12th)⁸	1 Tdap				
7th Grade Advancement^{9,10}	1 Tdap⁸			2 Varicella¹⁰	

- Requirements for K-12 admission also apply to transfer pupils.
- Combination vaccines (e.g., MMRV) meet the requirements for individual component vaccines. Doses of DTP count towards the DTaP requirement.
- Any vaccine administered four or fewer days prior to the minimum required age is valid.
- Three doses of polio vaccine meet the requirement if one dose was given on or after the fourth birthday.
- Four doses of DTaP meet the requirement if at least one dose was given on or after the fourth birthday. Three doses meet the requirement if at least one dose of Tdap, DTaP, or DTP vaccine was given on or after the 7th birthday. One or two doses of Td vaccine given on or after the seventh birthday count towards the requirement.
- For seventh grade admission, refer to Health and Safety Code section 120335, subdivision (c).
- Two doses of measles, two doses of mumps, and one dose of rubella vaccine meet the requirement, separately or combined. Only doses administered on or after the first birthday meet the requirement.
- For 7th-12th graders, at least one dose of pertussis-containing vaccine is required on or after the seventh birthday.
- For children in ungraded schools, pupils 12 years and older are subject to the seventh grade advancement requirements.
- The varicella requirement for seventh grade advancement expires after June 30, 2025.

DTaP/Tdap = diphtheria toxoid, tetanus toxoid, and acellular pertussis vaccine

Hep B = hepatitis B vaccine

MMR = measles, mumps, and rubella vaccine

Varicella = chickenpox vaccine

INSTRUCTIONS:

California schools are required to check immunization records for all new student admissions at TK /Kindergarten through 12th grade and all students advancing to 7th grade before entry.

UNCONDITIONALLY ADMIT a pupil whose parent or guardian has provided documentation of any of the following for each immunization required for the pupil's age or grade as defined in table above:

- Receipt of immunization.
- A permanent medical exemption in accordance with 17 CCR section 6051.
- A personal beliefs exemption (filed prior to 2016) in accordance with Health and Safety Code section 120335.

CONDITIONALLY ADMIT any pupil who lacks documentation for unconditional admission if the pupil has:

- Commenced receiving doses of all the vaccines required for the pupil's grade (table above) and is not currently due for any doses at the time of admission (as determined by intervals listed in Conditional Admission Schedule, column entitled "EXCLUDE IF NOT GIVEN BY"), or
- A temporary medical exemption from some or all required immunizations (17 CCR section 6050).

CONDITIONAL ADMISSION SCHEDULE FOR GRADES K-12

Before admission a child must obtain the first dose of each required vaccine and any subsequent doses that are due because the period of time allowed before exclusion has elapsed.

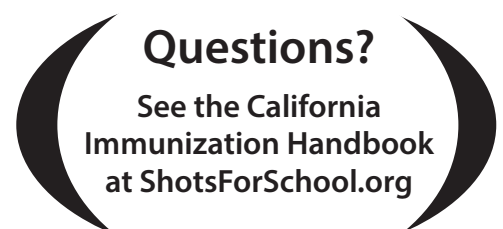
DOSE	EARLIEST DOSE MAY BE GIVEN	EXCLUDE IF NOT GIVEN BY
Polio #2	4 weeks after 1st dose	8 weeks after 1st dose
Polio #3	4 weeks after 2nd dose	12 months after 2nd dose
Polio #4¹	6 months after 3rd dose	12 months after 3rd dose
DTaP #2	4 weeks after 1st dose	8 weeks after 1st dose
DTaP #3²	4 weeks after 2nd dose	8 weeks after 2nd dose
DTaP #4	6 months after 3rd dose	12 months after 3rd dose
DTaP #5	6 months after 4th dose	12 months after 4th dose
Hep B #2	4 weeks after 1st dose	8 weeks after 1st dose
Hep B #3	8 weeks after 2nd dose and at least 4 months after 1st dose	12 months after 2nd dose
MMR #2	4 weeks after 1st dose	4 months after 1st dose
Varicella #2	Age less than 13 years: 3 months after 1st dose	4 months after 1st dose
	Age 13 years and older: 4 weeks after 1st dose	8 weeks after 1st dose

1. Three doses of polio vaccine meet the requirement if one dose was given on or after the fourth birthday.
2. If DTaP #3 is the final required dose, DTaP #3 should be given at least six months after DTaP #2, and pupils should be excluded if not given by 12 months after second dose. Three doses meet the requirement if at least one dose of Tdap, DTaP, or DTP vaccine was given on or after the seventh birthday. One or two doses of Td vaccine given on or after the seventh birthday count towards the requirement.

Continued attendance after conditional admission is contingent upon documentation of receipt of the remaining required immunizations. The school shall:

- review records of any pupil admitted conditionally to a school at least every 30 days from the date of admission,
- inform the parent or guardian of the remaining required vaccine doses until all required immunizations are received or an exemption is filed, and
- update the immunization information in the pupil's record.

For a pupil **transferring** from another school in the United States whose immunization record has not been received by the new school at the time of admission, the school may admit the child for up to 30 school days. If the immunization record has not been received at the end of this period, the school shall exclude the pupil until the parent or guardian provides documentation of compliance with the requirements.



Tuberculosis (TB) and Latent TB Infection **FACT SHEET**

What is TB?

Tuberculosis (TB) is a disease caused by a bacteria that is spread through the air from person to person. Although TB most often affects the lungs, it can affect any part of the body including lymph nodes, bones, kidneys, and the brain. TB can cause very severe illness and it can be fatal. Fortunately TB can be prevented, treated, and cured!

What Are the Symptoms of TB?

Symptoms of TB can include fever, weight loss, night sweats, and fatigue. When TB affects the lungs, symptoms can also include a cough that lasts more than 2-3 weeks, coughing up blood, and chest pain. If you have any of these symptoms you need to see a doctor!

Is TB a problem in Santa Clara County (SCC)?

Yes. SCC has the third highest number of TB cases among all counties in California, after Los Angeles and San Diego counties. The rate of TB in SCC is over 3 times as high as the national rate. It is estimated that 8.5% of SCC residents have latent TB infection, though most do not know they are infected.

Who Does TB Affect in Santa Clara County?

TB can infect anyone who lives, works, or breathes in close proximity to someone with active, infectious TB, regardless of their age, race, sex, or socioeconomic status. Over 90% of patients with TB in SCC are born outside of the United States, though most have lived in the United States for more than 5 years. In SCC, the majority of cases occur among persons born in Vietnam, the Philippines, and India.

How Do You Get TB Infection?

The bacteria that causes TB is spread through the air from person to person when an individual with TB disease involving the lungs or throat coughs, sneezes, or speaks. When people nearby breathe in the bacteria they may become infected, particularly if they are in close or prolonged contact. When someone has been infected, but they do not yet have symptoms or evidence of active TB disease, this is called latent tuberculosis infection (LTBI).

What is the Difference Between Latent TB Infection (LTBI) and Active TB Disease?

When someone has been infected with the bacteria that causes TB, as long as their body is able to prevent the bacteria from growing, they will have no symptoms or evidence of active TB disease. This is called latent tuberculosis infection (LTBI), which is not contagious to other people.

When the body can no longer prevent the bacteria from growing, the bacteria multiply and cause disease. People with LTBI may develop active TB disease within weeks to many years after becoming infected. People with active TB disease are sick and may be able to spread the bacteria to others if TB affects their lungs or throat. The risk of developing active TB disease is highest among persons with weakened immune systems.

You Should Get Tested for Latent TB Infection (LTBI) if You...

- Were in close or prolonged contact with someone with TB of the lungs or throat
- Were born in a country with an elevated TB rate (i.e. countries other than the United States, Canada, Australia, New Zealand, or Western and Northern European countries).
- Have a condition that is associated with a higher risk of TB including HIV; diabetes; end stage renal disease; head, neck, or lung cancer; leukemia; lymphoma; silicosis; have a history of gastrectomy or jejunioileal bypass; or are significantly underweight.
- Take drugs that weaken your immune system (e.g. chemotherapy, anti-rejection drugs after organ transplant, TNF-alpha inhibitors, oral steroids equal to 15 mg of prednisone or more for at least one month).
- Have injected illegal drugs
- Smoke
- Have worked or stayed in a nursing home, homeless shelter, correctional facility (e.g. prison or jail) or other group setting, or have worked in another type of healthcare facility.

How Can I Tell if I Have Latent TB Infection (LTBI)?

A TB skin test (TST or PPD) or TB blood test (e.g. Quantiferon or T-spot) can be performed to find out if you have TB bacteria in your body.

A “positive” test result means you probably have TB bacteria in your body. Most people with a positive TB skin test or TB blood test have latent TB infection. To be sure that you do not have active TB disease, your doctor will examine you and perform a chest x-ray. You may need other tests to see if you have latent TB infection or active TB disease.

What if I’ve Had the BCG vaccine?

The BCG vaccine (TB vaccine) may help protect young children from getting very sick with TB. This protection goes away as people get older. People who have had BCG vaccine still can get latent TB infection and active TB disease. If you had the BCG vaccine and you have a choice of having a TB blood test or a TB skin test, although either test can be used, it is best for you to have the TB blood test. This is because the TB blood test is not affected by the BCG vaccine. This means that your TB blood test will be “positive” only if you have TB bacteria in your body.

What is the Treatment for Latent TB Infection (LTBI)?

LTBI can be treated with medicine to prevent developing active TB disease. Most often treatment includes a medication called Isoniazid (INH) taken daily for 9 months. A newer regimen, includes two medications, isoniazid and rifapentine, which are taken weekly for 3 months.

Why Should I Take Medicine if I Don’t Feel Sick?

If you have latent TB infection (LTBI), this means that you have TB bacteria living in your body, even though you are not sick. You may develop active TB disease if you do not take medicine to treat LTBI. It is important that you finish your medicine so that the treatment is effective and so that you do not develop drug resistance. Among patients who take medications as prescribed by their doctor, treatment can decrease the risk of developing active TB disease by over 90%.

For more information on TB, visit <http://www.cdc.gov/tb/topic/basics/default.htm> or contact Santa Clara County Public Health Department.

IMMUNIZATION REQUIREMENTS FOR SCHOOL ENROLLMENT

The following immunizations(s) are needed to meet the requirements of the California School Immunization Law Health and Safety Code Sections 120325-120375:

VACCINE:

POLIO	#1	#2	#3	#4	
DTP/ DTaP/DT/Td	#1	#2	#3	#4	#5
Tdap Booster (1 Dose on or after 7 th birthday)	#1				
MMR (Both must be given on or after the first birthday)	#1	#2			
HEPATITIS B	#1	#2	#3		
VARICELLA (chickenpox)	#1	#2			

TB TEST (Kindergarten entrants and transferring students from outside Santa Clara County into grades one through twelve must present a TB Risk Assessment for School Entry form completed by their health care provider. This must be completed within twelve months prior to first school registration or transfer. Students who have left the county for 12 months or more need a new TB Risk Assessment for School Entry form completed within the last 12 months.) The Santa Clara County Public Health Department TB Risk Assessment for school entry is the only acceptable risk assessment form.

Copy of all Immunizations

YOU NEED TO DO ONE OF THE FOLLOWING IMMEDIATELY:

Take this form to your doctor or the local health department to get needed immunization(s). Then bring us your child's updated immunization record and/or TB Risk Assessment for School Entry form completed by your health care provider. Your child's record must include a date for the immunizations and the doctor's signature or stamp.

According to state law, we cannot allow your child to attend school/child care unless we receive evidence that the above requirements are met.

If you have any questions or require additional information please call the school nurse's office:

Sincerely,

Health Services

Child's Name: _____ Birthdate: _____ Male/Female School: _____
 Last, First month/day/year

Address _____ Phone: _____ Grade: _____
 Street City Zip

Santa Clara County Public Health Department Tuberculosis (TB) Risk Assessment for School Entry

This form must be completed by a U.S. licensed primary care provider and returned to the child's school.

1. Was your child born in, or has your child resided in or traveled to (for more than one week) a country with an elevated TB rate?* Yes No
2. Has your child been exposed to anyone with TB disease? Yes No
3. Has a family member had a positive TB test or received medications for TB? Yes No
4. Was a parent, household member, or visitor who stayed in the child's home for >1 week, born in a country with an elevated TB rate?* Yes No
5. Is your child immunosuppressed [e.g. due to HIV infection, organ transplant, treatment with TNF-alpha inhibitor or high-dose systemic steroids (e.g. prednisone ≥ 15 mg/day for ≥ 2 weeks)]? Yes No

*Most countries other than the U.S., Canada, Australia, New Zealand, or a country in western or northern Europe. This does not include tourist travel for <1 month (i.e. travel that does not involve visiting family or friends, or involve significant contact with the local population).

If **YES**, to any of the above questions, the child has an increased risk of TB and should have a TB blood test (IGRA, i.e. QuantiFERON or T-SPOT.TB) or a tuberculin skin test (TST) unless there is either 1) a documented prior positive IGRA or TST performed in the U.S. or 2) no new risk factors since last documented negative IGRA (performed at age ≥2 years in the U.S.) or TST (performed at age ≥6 months in the U.S.).

All children with a current or prior positive IGRA/TST result must have a medical evaluation, including a chest x-ray (CXR; posterior-anterior and lateral for children <5 years old is recommended). CXR is not required for children with documented prior treatment for TB disease, documented prior treatment for latent TB infection, or BCG-vaccinated children who have a positive TST and negative IGRA. If there are no symptoms or signs of TB disease and the CXR is normal, the child should be treated for latent TB infection (LTBI) to prevent progression to TB disease.

Enter test results for all children with a positive risk assessment:

Interferon Gamma Release Assay (IGRA) Date: _____	Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Indeterminate
Tuberculin Skin Test (TST/Mantoux/PPD) Date placed: _____ Date read: _____	Induration _____ mm Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive
Chest X-Ray Date: _____ Impression: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
LTBI Treatment Start Date: _____ <input type="checkbox"/> Rifampin daily - 4 months <input type="checkbox"/> Isoniazid/rifapentine - weekly X 12 weeks <input type="checkbox"/> Isoniazid daily - 9 months <input type="checkbox"/> Other: _____	<input type="checkbox"/> Prior TB/LTBI treatment (Rx & duration): _____ <input type="checkbox"/> Treatment medically contraindicated: _____ <input type="checkbox"/> Declined against medical advice
Please check one of the boxes below and sign: <input type="checkbox"/> Child has no TB symptoms, no risk factors for TB, and does not require a TB test. <input type="checkbox"/> Child has a risk factor, has been evaluated for TB and is free of active TB disease. <input type="checkbox"/> Child has no new risk factors since last negative IGRA/TST and no TB symptoms.	
_____ Health Care Provider Signature, Title Date	

Name/Title of Health Provider:

Facility/Address:

Phone number:

County of Santa Clara

Public Health Department

Tuberculosis Prevention & Control Program
976 Lenzen Avenue, Suite 1700
San José, CA 95126
408.885.2440



Testing Methods

An Interferon Gamma Release Assay (IGRA, i.e. QuantiFERON or T-SPOT.TB) or Mantoux tuberculin skin test (TST) should be used to test those at increased risk. An IGRA can be used in all children ≥ 2 years old and is preferred in BCG-vaccinated children to avoid a false positive TST result. A TST of ≥ 10 mm induration is considered positive. If a child has had contact with someone with active TB disease (yes to question 2 on reverse), or the child is immunosuppressed, then TST ≥ 5 mm is considered positive. If a BCG-vaccinated child has a positive TST, and an IGRA is subsequently performed and is negative, testing is considered negative unless the child was exposed to someone with TB disease or is immunosuppressed. For immunosuppressed children, screening should be performed by CXR in addition to a TST/IGRA (consider doing both) and symptom review.

Evaluation of Children with Positive TB Tests

- All children with a positive IGRA/TST result must have a medical evaluation, including a CXR (posterior-anterior and lateral is recommended for children <5 years old). A CXR is not required for a positive TST with negative IGRA in a BCG-vaccinated child, or if the child has documentation of prior treatment for TB disease or treatment for latent TB infection.
- For children with TB symptoms (e.g. cough for $>2-3$ weeks, shortness of breath, hemoptysis, fever, weight loss, night sweats) or an abnormal CXR consistent with active TB disease, report to the County of Santa Clara Public Health Department TB Program within one day. The child will need to be evaluated for TB disease with sputum AFB smears/cultures and nucleic acid amplification testing. A negative TST or IGRA does not rule out active TB disease in a patient with symptoms or signs of TB disease. The child cannot enter school unless active TB disease has been excluded or treatment has been initiated.
- If there are no symptoms or signs of TB disease and the CXR is normal, the child should be treated for latent TB infection (LTBI). Do not treat for LTBI until active TB disease has been excluded.
- Short-course regimens (rifampin daily for four months or 12-dose weekly isoniazid/rifapentine) are preferred (except in persons for whom there is a contraindication, such as a drug interaction or contact to a person with drug-resistant TB) due to similar efficacy and higher treatment completion rates as compared with 9 months of daily isoniazid

Treatment Regimens for Latent TB Infection

- Rifampin 15 - 20 mg/kg (max. 600 mg) daily for 4 months
- 12-dose Weekly Isoniazid/Rifapentine (3HP) Regimen:
 - Isoniazid
 - 2-11 years old: 25 mg/kg rounded up to nearest 50 or 100 mg (max. 900 mg)
 - ≥ 12 years old: 15 mg/kg rounded up to nearest 50 or 100 mg (max. 900 mg)
 - Rifapentine
 - 10.0-14.0 kg: 300 mg
 - 14.1-25.0 kg: 450 mg
 - 25.1-32.0 kg: 600 mg
 - 32.1-50.0 kg: 750 mg
 - >50 kg: 900 mg
 - Vitamin B6 50 mg weekly
- Isoniazid 10 mg/kg (range, 10-15 mg/kg; max. 300 mg) daily for 9 months. Recommended pyridoxine dosage is 25 mg for school-aged children (or 1-2 mg/kg/day).

For additional information: www.sccphd.org/tb or contact the TB Control Program at (408) 885-2440.

Oral Health Assessment Form

California law (*Education Code* Section 49452.8) states your child must have a dental check-up by May 31 of his/her first year in public school. A California licensed dental professional operating within his scope of practice must perform the check-up and fill out Section 2 of this form. If your child had a dental check-up in the 12 months before he/she started school, ask your dentist to fill out Section 2. If you are unable to get a dental check-up for your child, fill out Section 3.

Section 1: Child's Information (Filled out by parent or guardian)

Child's First Name:	Last Name:	Middle Initial:	Child's birth date:
Address:			Apt.:
City:			ZIP code:
School Name:	Teacher:	Grade:	Child's Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian Name:	Child's race/ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other _____ <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown		

Section 2: Oral Health Data Collection (Filled out by a California licensed dental professional)

IMPORTANT NOTE: Consider each box separately. Mark each box.

Assessment Date:	Caries Experience (Visible decay and/or fillings present) <input type="checkbox"/> Yes <input type="checkbox"/> No	Visible Decay Present: <input type="checkbox"/> Yes <input type="checkbox"/> No	Treatment Urgency: <input type="checkbox"/> No obvious problem found <input type="checkbox"/> Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation) <input type="checkbox"/> Urgent care needed (pain, infection, swelling or soft tissue lesions)
_____ <i>Licensed Dental Professional Signature</i>		_____ <i>CA License Number</i>	_____ <i>Date</i>

Section 3: Waiver of Oral Health Assessment Requirement

To be filled out by parent or guardian asking to be excused from this requirement

Please excuse my child from the dental check-up because: (Check the box that best describes the reason)

- I am unable to find a dental office that will take my child's dental insurance plan.
 My child's dental insurance plan is:
 Medi-Cal/Denti-Cal Healthy Families Healthy Kids Other _____ None

- I cannot afford a dental check-up for my child.
- I do not want my child to receive a dental check-up.
- Optional: other reasons my child could not get a dental check-up: _____

If asking to be excused from this requirement: ► _____
Signature of parent or guardian
Date

The law states schools must keep student health information private. Your child's name will not be part of any report as a result of this law. This information may only be used for purposes related to your child's health. If you have questions, please call your school.

Return this form to the school *no later than May 31* of your child's first school year.
Original to be kept in child's school record.