

Mason City Schools Tuberculosis Screening Questionnaire

In accordance with Mason City Schools board policy and the Ohio Department of Health, **ALL NEW ENROLLEES MUST COMPLETE THIS QUESTIONNAIRE AND SIGN BELOW.**

1. Student Last Name: _____ First Name: _____ Date Of Birth: _____
2. Was the student born in the United States? Yes: _____ No: _____
 If "no", what is the student's country of birth? _____
3. Has the student **traveled or lived** outside of the United States within the **past 5 years**? Yes _____ No _____
 If **yes**, please answer **ALL** of the following:
 - a. **Starting with the most recent**, please provide the list of countries your child has **traveled or lived within the past 5 years**
 1. Country _____ Length of time lived or traveled _____
 2. Country _____ Length of time lived or traveled _____
 - b. On what **date(s)** did the student **return or enter** the United States for **each** country listed above?
 1. Country _____ Dates returned or entered United States _____
 2. Country _____ Dates returned or entered United States _____
4. Do you have a TB test that was completed in the United States since your **most recent** travel outside the United States? Yes: _____ No: _____. If "yes", please provide a copy with immunization record.

Proof of a negative TB skin test is required prior to starting school, if attending school in the United States for the first time and recently arriving (within 5 years) from a country or area identified by the Ohio Department of Health and/or US centers for Disease Control as a high incidence of tuberculosis. This requirement also applies to students returning from travel to such high incidence regions if travel exceeds two months or longer. *If submitting a TB skin test with a positive result, a negative chest x-ray result or QuantiFERON test result proving the non-existence of active tuberculosis must be submitted before student may attend school.*

I affirm that the information provided above is accurate to the best of my knowledge. Furthermore, I understand that I am responsible and agree to notify the Mason City Schools Registrar of any planned or completed foreign travel during each school year.

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____ Date _____

Parent advised to get TB test _____ (date/initials)