



KARING 4 KIDS FOSTER FAMILY AGENCY

Visalia Lic# 547 207 238

Fresno Lic# 107 207 200

****Official****

TUBERCULOSIS SCREENING

CHILD'S NAME _____ DOB: _____

ADDRESS: _____ PH: _____

No known contact to active tuberculosis: YES NO

Previous intradermal Skin test: YES NO

Previous reaction to internal skin test: YES NO

If previous reaction, was X-Ray/Medication given: YES NO

INTRADERMAL MANTOUX 5TU (.0001MGM) PPD SKIN TEST

Given by: _____ DATE: _____

Date read: _____ Negative: _____ Positive: _____ Induration _____ mm

Read by: _____ Title: _____

Further Action:

TB Test and Immunizations need to be updated within 30 days.

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