

PPD Screening

Date:

Name:

Age:

Chart Number:

<u>Criteria</u>	<u>Yes</u>	<u>No</u>	<u>If pos. test:</u>	<u>Positive is:</u>
1) Does this child have HIV?	___	___	Now & yearly	≥ 5mm
2) Does this child live with someone who has HIV?	___	___	Now & yearly	≥ 5mm
3) Has this child been in contact with someone who has TB, or is suspected of having TB, or has had a new positive PPD?	___	___	Now	≥ 5mm
4) Is this child an immigrant from: Latin America Africa The Middle East Asia	___	___	Now (once)	≥ 10mm
5) Since the last TB test, has this child travelled to: Latin America Africa The Middle East Asia	___	___	Now (once)	≥ 10mm
6) Does this child have significant contact with an immigrant from: Latin America Africa The Middle East Asia	___	___	Now and every 2-3 years	≥ 10mm
7) Does this child have significant contact with someone who: has HIV is homeless lives in a nursing home uses illegal drugs is in jail is a migrant worker? (This includes foster children who have contact with the above.)	___	___	Now and every 2-3 years	≥ 10mm

NOTE: For any child with any type of immunodeficiency, positive is ≥ 5mm