

# Edgewood Preschool Cooperative

## TB Testing Form

Enrolled Child's

Last Name: \_\_\_\_\_

Parent/Guardian's

Last Name: \_\_\_\_\_

### QUICK FACTS about TB

- TB killed 1.8 million people in 2008.
- More than 8 million people become sick with TB each year.
- Someone dies of TB every 20 seconds.
- There were an estimated 9.4 million new cases of TB in 2008.
- TB kills more youth and adults than any other infectious disease.
- Like the common cold, TB spreads through the air when infectious people cough, spit, talk or sneeze.
- Left untreated, a person with active TB can infect between 10 and 15 people every year.
- TB usually kills a person by gradually eating holes in the lungs.

### WHY MUST PARTICIPATING PARENTS GET TB TESTING?

TB kills more youth and adults than any other infectious disease. The reason we do not "hear" about TB in our area is because of PREVENTION...by means of the TB skin test to discover TB exposure in people before symptoms develop.

Because preschool children are more susceptible to get tuberculosis, and because children are most likely to get it from infected adults, it is important for us to require a negative TB test in order to keep our children safe.

The Marion County Health Department requires "each operator and or employee, and each person aiding in the training or the supervision of the children therein, shall present evidence that he or she has within the past year had a negative tuberculin skin test." Any preschool or child care facility that is licensed by the Marion County Health Department (as EPC is) must follow this requirement.

Because of the nature of coop, where parents are "teachers" when they participate in the classroom, they fall under the same category. This is the reason ICPC (Indiana Council of Preschool Cooperatives) requires all parents to provide proof of a negative TB test.

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## Edgewood Preschool Cooperative Participating Members Tuberculosis (TB) Test Form

Date: \_\_\_\_\_

Enrolled Child's

Last Name: \_\_\_\_\_

Parent/Guardian's

Last Name: \_\_\_\_\_

Member's Name: \_\_\_\_\_

The above listed member has been tested for tuberculosis and the results was

\_\_\_\_\_.

Physicians Signature \_\_\_\_\_

Physicians Name \_\_\_\_\_

Physicians Address \_\_\_\_\_