

STUDENTS

Tuberculosis Screening Requirements

All pre-school, school age, or adult students who are seeking admission to Prince William County Public Schools **and have been out of the United States and U.S. territories (Puerto Rico, Guam, U.S. Virgin Islands, American Samoa and the Northern Mariana Islands) for three or more consecutive months during the previous five years** will be required to have tuberculosis screening prior to admittance by the following procedures (see Attachment I):

- I. Before being granted admission to Prince William County Public Schools, each student shall present documentary evidence of one of the following:
 - A. A written report of a negative PPD test (Mantoux method) administered within 30 calendar days prior to school registration or written report from a health care provider stating that the student is cleared to start school, as deemed appropriate for the results of screening. This written report must be certified by the Department of Health, a physician, or a nurse practitioner licensed to practice medicine in the United States.

or
 - B. A clearance letter from the Prince William Health District (PWHD) or licensed health care provider stating that the student is free of communicable tuberculosis (see Attachment II).

or
 - C. A medical exemption to the testing requirement issued by a licensed physician or nurse practitioner or a local health department in Virginia. If the exemption is temporary, the exemption document must indicate the conditions of the exemption and the date the exemption expires. A TB symptom assessment shall be done (see Attachment III). If the TB symptom assessment is positive, the student shall have a chest x-ray and evaluation for active disease before school entry.
- II. Based upon changing circumstances or other medical reasons, any incoming student may be required to undergo tuberculosis screening.

- III. Staff members shall refer any concerns regarding documentation provided by students to the school nurse for further evaluation. The school nurse will consult with the Supervisor of School Health Services and the Prince William Health District.

The principal and the Director of the Office of Student Services are responsible for implementing and monitoring this regulation.

The Associate Superintendent for Student Learning and Accountability (or designee) is responsible for reviewing this regulation in 2010.

Reference: Commonwealth of Virginia, Prince William Health District correspondence, 4/16/07.

STUDENT'S NAME _____ SCHOOL _____

Dear Parent/Guardian:

Prince William County Public Schools regulations require that enrolling students, **who have spent at least three consecutive months outside of the United States and U.S. territories (Puerto Rico, Guam, U.S. Virgin Islands, American Samoa and the Northern Mariana Islands) during the previous five years**, submit proof of tuberculosis screening at the time of enrollment.

Such students are required to present documentary evidence as follows:

A. A written report of a negative PPD test (Mantoux method) administered within 30 calendar days prior to school registration or written report from a health care provider stating that the student is cleared to start school, as deemed appropriate for the results of screening. This written report must be certified by the Department of Health, a physician, or *a* nurse practitioner licensed to practice medicine in the United States.

or

B. A clearance letter from the Prince William Health District (PWHD) or licensed health care provider stating that the student is free of communicable tuberculosis (see Attachment II).

or

C. A medical exemption to the testing requirement issued by a licensed physician or nurse practitioner, or a local health department in Virginia. If the exemption is temporary, the exemption document must indicate the conditions of the exemption and the date the exemption expires. A TB symptom assessment shall be done (see Attachment III). If the TB symptom assessment is positive, the student shall have a chest x-ray and evaluation for active disease before school entry.

Please check the statement below which applies to the enrolling student:

_____ The enrolling student has not resided outside the United States for three consecutive months in the past five years.

_____ The enrolling student has resided outside the United States for at least three consecutive months within the past five years and I understand that I must present evidence of tuberculin screening as described in this document.

Students will not be permitted to enter school without written documentation as requested.

Parent/Guardian Signature

Date

Prince William County
Public Schools
P.O. Box 389
Manassas, VA 20108
(703)791-7200

Dear Licensed Health Care Provider:

Please provide the following information for:

Name of Student: _____

I certify that the above named student has had a chest x-ray and _____ is/ _____ is not free from communicable tuberculosis.

Name of Licensed Physician or
Nurse Practitioner: _____

Address: _____

Phone: _____

Signature

Date

Student's Name

Date of Birth

School

Tuberculosis Symptom Assessment

_____ Cough for more than three weeks

_____ Unexplained fever

_____ Coughs up blood

_____ Unexplained weight loss

_____ Unexplained chest pain

_____ Night sweats

_____ Poor appetite

FOR CHILDREN UNDER SIX YEARS OLD

_____ Wheezing

_____ Failure to thrive

_____ Decreased activity and/or energy

_____ Lymph node swelling

_____ Personality changes

Comments

Parent Signature

School Nurse's Signature

Date

Date

If student presents with one or more of the above symptoms, refer to their health care provider for further evaluations prior to school entry.