

Tuberculosis Concern Referral

(Hot Sheet)

CF/H-13e Revised 1/16
(Optional)

Community Care Licensing requires that all children enrolled in Head Start obtain a Tuberculosis Clearance or Risk Assessment within 30 days of enrollment (Title 22, Section 101220) and per EPSDT guidelines. This form documents that a risk factor was identified on physical TB risk assessment or on other medical information received by the program. Designated health staff maintains form in child's health file.

Designated health staff will review TB documents. If TB risk factors are identified through information and forms received from parents, clinics, physicians, etc., the following steps are to be taken:

1. Designated health staff will complete TB Concern Referral form and review it with parent/guardian.
2. Designated health staff will attach an Exclusion Notice indicating date TB results are due to the program and explain to parent/guardian the 30 day TB clearance requirement.
3. Parent/guardian and designated health staff sign TB Concern Referral form.
4. Parent/Guardian will take form to doctor to provide appropriate TB test/clearance.
5. Parent/guardian returns completed form with date given, read, and results to designated health staff.
6. Designated health staff will place TB Concern Referral form in child's health file and document in electronic filing system.

Note: If child is not cleared for TB, designated health staff will work with child's medical provider/local public health agency, and parent/guardian to access appropriate treatment/additional services for child to return to the center/FCCH.