**FORM B  
SY 2016-17**

**KS KAPĀLAMA**

**Volunteer TB Questionnaire 2016-17 SY**

This form is mandatory and must be submitted with your volunteer application yearly.

Please complete this TB Questionnaire to determine if a NEW TB test is required.

**Volunteer Name (Last, First): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **QUESTIONS** | **NO** | **YES** |
| Are you a “NEW” KS parent volunteer? (you have never been a cleared volunteer at KS) |  |  |
| Since your last TB Test results were submitted to KS, have you had a POSITIVE TB Test? |  |  |
| Has a FAMILY MEMBER or a CLOSE CONTACT had a POSITIVE TB Test result OR Tuberculosis disease since your last TB test results were submitted to KS? |  |  |
| Have you traveled to any high-risk tuberculosis areas like Africa, Asia, Eastern Europe, Central America, South America, Mexico, Caribbean, Japan, Philippines or the Middle East for more than one week since your last TB Test results were submitted to KS? |  |  |
| Has anyone living in your household come to the US from a high-risk tuberculosis area like Africa, Asia, Eastern Europe, Central America, South America, Mexico, Caribbean, Japan, Philippines or the Middle East in the past 5 years? |  |  |
| Have you worked or volunteered in a correctional facility, nursing home, homeless shelter, healthcare facility or hospital since your last TB Test results were submitted to KS? |  |  |

* If you responded **“NO”** to **all** of the above, please submit this form WITH FORM A.
* If you responded **“YES”** to **any** question, please take this form to have a TB skin test done  
  and documented below, before submitting this form WITH Form A.

**PPD SKIN TEST**

*(To be completed by your Medical Services Provider or KSK Medical Services Department)*

Volunteer name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date PPD given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site: right / left forearm Administered by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date PPD read: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Results: \_\_\_\_\_\_\_\_\_\_\_\_\_ mm Induration. Read by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If PPD **is positive**, please document chest X-ray date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chest X-Ray results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Return to:** | Kamehameha Schools Kapālama Summer School  1887 Makuakāne Street  Honolulu, HI 96817 |