

**LEAD AND TUBERCULOSIS FORM**

I am the pediatrician of \_\_\_\_\_, who is enrolled in A Joyful Noise (AJN) for the upcoming school year.

**LEAD RISK QUESTIONNAIRE:** Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten.

**Questionnaire Administered?** Yes  No  **Blood Test Indicated?** Yes  No  **Blood Test Date** \_\_\_\_\_ **Blood Test Result** \_\_\_\_\_  
(If child resides in Chicago, blood test is required.)

**TB SKIN TEST:** Recommended only for children in high-risk groups including children who are immunosuppressed due to HIV infection or other conditions, recent immigrants from high prevalence countries, or those exposed to adults in high-risk categories: See CDC guidelines.

No Test Needed     Test Performed                      **Date Read** \_\_\_\_\_                      **Result** \_\_\_\_\_                      **mm** \_\_\_\_\_

**Doctor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_