

# REYNOLDSBURG CITY SCHOOLS



## TB Test Requirement Questionnaire

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please complete the questions below.  
Failure to provide accurate information could result in your child's removal from school.

**My child was born in the United States and has never traveled outside of the country.**

X \_\_\_\_\_  
parent/guardian signature
date

**My child was born *outside* of the United States.**

For Office Use  
L H

Country of birth: \_\_\_\_\_

Year of arrival in the US: \_\_\_\_\_ First year of school in the US: \_\_\_\_\_

X \_\_\_\_\_  
parent/guardian signature
date

**My child has traveled to the following countries (regardless of birthplace).**

Country	Approximate Dates	For Office Use	
		L	H
		L	H
		L	H
		L	H
		L	H

X \_\_\_\_\_  
parent/guardian signature
date

FOR OFFICE USE ONLY:

TB Test Required?  YES  NO      Received during enrollment by: \_\_\_\_\_ Date \_\_\_\_\_