



Hawaii School Information Handbook 2025-2026

**Marine Corps Base Hawaii
School Liaison Program
Building 216, Room 28
<https://hawaii.usmc-mccs.org>
(808) 496-2019**



Table of Contents:**Page:**

1. Useful Phone Numbers & Websites.....	3
2. Resources and Education-Related and Websites.....	4
3. Purple Star Schools.....	5
4. Designated Schools.....	6
5. School Bus Information.....	6
6. Hawaii School Enrollment Information.....	7
7. Child & Youth Services (CYS) Programs.....	8
8. DOE School Calendar 2025-2026.....	9
9. Student Health Record Form.....	10
10. State of Hawaii TB Clearance Form.....	11
11. TB Risk Assessment for Adults and Children Form.....	12

MCBH School Liaison

Marine Corps Base Hawaii, Kaneohe Bay

School Liaison - Seon Lecher

Phone: (808) 496-2019

Email: seon.y.lecher.civ@usmc.mil or MCBH_SCHOOL_LIAISON@usmc.mil

Website: <https://hawaii.usmc-mccs.org/school-liaison-program>

Useful Phone Numbers & Websites:

Exceptional Family Member Program

Phone: (808) 496-0290

Email: mcbh.efmp@usmc.mil

Child & Youth Programs

Phone: (808) 496-7430

State of Hawaii, Department of Education (DOE)

Central District Office -North: (808) 307-3901

Central District Office -South: (808) 307-3902

Honolulu District Office: (808) 784-6600

Leeward District Office: (808) 692-8000

Windward District Office: (808) 784-5900

School Liaison Officers (Supporting Air Force, Navy, and Space Force)

Pearl Harbor–Hickam: Cherise Yamasaki and Kimberly Meyer

Phone: (808) 306-9247

jbphhslo@us.navy.mil

Army: Tamsin Keone and Jin Castiglione

Phone: (808) 787-5644

tamsin.k.keone.naf@army.mil

jin.castiglione.naf@army.mil

Resource Links:

MCBH MCCS: Resources & Activities
hawaii.usmc-mccs.org

MCEC School Quest: Transition resource
schoolquest.militarychild.org

Military childcare: Childcare waitlist
www.militarychildcare.com

Military One Source: Resources
www.militaryonesource.mil

Education-related Links:

Hawaii Department of Education: Info on public schools
www.hawaiipublicschools.org

Catholic Schools Hawaii: Info on private schools
www.catholicschoolshawaii.org

Hawaii DOE ARCH: School reports
www.arch.k12.hi.us

Hawaii Private Schools: Database of private schools
www.hais.us

KHAN Academy: Tutoring resource
www.khanacademy.org

Military Interstate Compact (MIC3): Transition policy support
www.mic3.net

Tutor.com: Tutoring resource
www.tutor.com/military

Purple Star Schools

Aiea High	98-1276 Ulune Street, Aiea, HI 96701	(808) 305-6500
Aiea Intermediate	99-600 Kulawea Street, Aiea, HI 96701	(808) 305-9200
Aikahi Elementary	281 Ilihaui St, Kailua, HI 96734	(808) 305-6700
Aliamanu Elementary ★	3265 Salt Lake Blvd., Honolulu, HI 96818	(808) 421-4283
Aliamanu Middle* ★	3271 Salt Lake Blvd, Honolulu, HI 96818	(808) 421-4100
Ala Wai Elementary	503 Kamoku Street, Honolulu, HI 96826	(808) 973-0070
Blanche Pope Elementary ★	41-133 Huli St, Waimanalo, HI 96795	(808) 259-0450
Daniel K. Inouye Elementary ★	Waianae & Ayers Ave, Wahiawa, HI 96786	(808) 305-3400
*Ewa Beach Elementary ★	91-740 Papipi Rd., Ewa Beach, 96706	(808) 307-2300
*Ewa Makai Middle ★	91-6291 Kapolei Pkwy, Ewa Beach, 96706	(808) 687-9500
Helemano Elementary	1001 Ihi Ihi Ave., Wahiawa, HI 96786	(808) 622-6336
Hickam Elementary ★	825 Manzelman Cir, Honolulu, HI 96818	(808) 307-4600
Ho'okele Elementary ★	91-1119 Kama'aha Loop, Kapolei, HI 96707	(808) 305-8500
Iroquois Point Elementary ★	5553 Cormorant Ave, Ewa Beach, HI 96706	(808) 499-6500
James Campbell High ★	91-980 North Rd, Ewa Beach, HI 96706	(808) 305-3600
Jefferson Elementary	324 Kapahulu Avenue, Honolulu, HI 96815	(808) 971-6922
Kailua Elementary ★	315 Kuulei Rd, Kailua, HI 96734	(808) 266-7878
Kailua Intermediate ★	145 S Kainalu Dr, Kailua, HI 96734	(808) 263-1500
Kailua High	451 Ulumanu Dr, Kailua, HI 96734	(808) 266-7900
Kainalu Elementary ★	165 Kaiholu St, Kailua, HI 96734	(808) 266-7835
Kaimuki High	2705 Kaimuki Avenue, Honolulu, HI 96816	(808) 733-4900
Kalaheo High ★	730 Iliaina St, Kailua, HI 96734	(808) 305-0200
Kapolei Elementary ★	91-1119 Kamaaha Loop, Kapolei, HI 96707	(808) 305-8700
Kapolei High	91-5007 Kapolei Parkway, Kapolei, HI 96707	(808) 305-8000
Kapolei Middle	91-5335 Kapolei Parkway, Kapolei, HI 96707	(808) 693-7025
Leilehua High ★	1515 California Ave, Wahiawa, HI 96786	(808) 305-3000
Makalapa Elementary ★	4435 Salt Lake Blvd, Honolulu, HI 96818	(808) 421-4110
McKinley High ★	1039 S. King St., Honolulu, HI 96814	(808) 594-0400
Mililani Ike Elementary ★	95-1330 Lehiwa Dr, Mililani, HI 96789	(808) 626-2980
Mililani Uka Elementary ★	94-380 Kuahelani Ave, Mililani, HI 96789	(808) 305-4900
Moanalua Elementary ★	1337 Mahiole Street, Honolulu, HI 96819	(808) 305-1200
Moanalua High ★	2825 Ala Ilima Street, Honolulu, HI 96818	(808) 305-1000
Moanalua Middle ★	1289 Mahiole Street, Honolulu, HI 96819	(808) 305-1289
Mokapu Elementary ★	1193 Mokapu Rd, Kailua, HI 96734	(808) 254-7964
Mokulele Elementary ★	250 Aupaka St, Honolulu, HI 96818	(808) 421-4180
Nimitz Elementary ★	520 Main Street, Honolulu, HI 96818	(808) 307-4400
Palolo Elementary ★	2106 10th Ave, Honolulu, HI 96816	(808) 733-4700
Pearl City High ★	2100 Hookiekie St, Pearl City, HI 96782	(808) 307-5500
Pearl Harbor Elementary ★	1 Moanalua Ridge, Honolulu, HI 96818	(808) 305-6000
Pearl Harbor Kai Elementary ★	1 C Avenue, Honolulu, HI 96818	(808) 421-4245
Radford High ★	4361 Salt Lake Blvd, Honolulu, HI 96818	(808) 421-4200
Red Hill Elementary ★	1265 Ala Kula Place, Honolulu, HI 96819	(808) 305-1530
Shafter Elementary ★	2 Fort Shafter, Honolulu, HI 96819	(808) 305-1500
Solomon Elementary ★	211 Carpenter Street, Wahiawa, HI 96786	(808) 305-1800
Wahiawa Elementary ★	1402 Glen Ave, Wahiawa, HI 96786	(808) 307-6000
Wahiawa Middle ★	275 Rose Street, Wahiawa, HI 96786	(808) 305-3300
Wahiawa High ★	1515 California Ave A, Wahiawa, HI 96786	(808) 305-3000
Washington Middle	1633 South King Street, Honolulu, HI 96826	(808) 973-0177
Webling Elementary	99-370 Paihi Street, Aiea, HI 96701	(808) 307-9700
Wheeler Elementary ★	1-Wheeler Army Airfield, Wahiawa, HI 96786	(808) 305-9500
Wheeler Middle* ★	2-Wheeler Army Airfield, Wahiawa, HI 96786	(808) 305-9000

★ Indicates Purple Star School for excellent support to military-connected students

Designated Schools

Housing:	Designated school:
MCBH Kaneohe Bay	Mokapu ES (Pre-K-6); Kailua Intermediate (Gr 7-8); Kalaheo High (Gr 9-12)
Manana	Pearl City ES (Gr K-6); Highlands Intermediate (Gr 7-8); Pearl City High (Gr 9-12)
Camp Smith	Webbing ES (Gr K-6); Aiea Intermediate (Gr 7-8); Aiea High (Gr 9-12)

Important Information About School Enrollment in Hawaii:

Hawaii does not offer a school choice option. Therefore, it is important to carefully consider the location of your permanent residence, as your child will be assigned to a public school based on the geographic area (or district) of your home address.

Geographic Exception (G.E.) may be granted to allow your child to attend a school outside of their assigned district. However, G.E. approvals are not guaranteed and are subject to availability and approval by the Department of Education.

Bus Transportation

State of Hawaii, Department of Education

School Bus Application

<https://hawaiipublicschools.org/school-services/eligibility-applying/>

Hawaii Department of Education

Expanding Ridership to Educate Students in Schools (EXPRESS) Application Form

<https://portal.k12.hi.us/express/>

Registration Information

Children registering in Hawaii for the first time will need the following:

1. Student's original birth certificate
2. Valid government issued photo ID of parent/guardian
3. Reports cards or school records from the previous school
 - If student records were not released prior to arriving to Hawaii, provide contact information for the previous school. The enrolling school will request students records directly.
4. Medical Records
 - Up-to-date immunization records
5. Physical Examination Requirement
 - A physical examination by a licensed physician is required within 12 months of the student's enrollment date. If your child does not have a current physical, they may still begin school with documentation of a scheduled appointment. To schedule an appointment or for more information, contact:
 - Central Appointments Office: (808) 433-2778
6. Tuberculosis (TB) Clearance
 - A tuberculosis (TB) clearance screening or Tuberculosis Skin Test (TST) is required for school enrollment. For TB screening or further information, please contact one of the following clinics:
 - Naval Health Clinic Immunization: (808) 496-3365
 - Tripler Army Medical Center Pediatric Immunization Clinic: (808) 433-6234
7. Proof of Residency (housing papers, rental agreements, hotel invoices, utility bills, etc.)
8. Special Needs and Gifted & Talented Students
 - If your child received special education services or accommodations, please provide the following at the time of enrollment:
 - A copy of their Individualized Education Program (IEP) or 504 Plan
 - Any prior assessments or evaluations for students identified as Gifted and Talented

*Please note that the enrolling school may conduct its own evaluations to determine appropriate placement and program.

Child & Youth Services Programs

Child & Youth Services (CYS) Hawaii offers quality programs for eligible children and youth ages 6 weeks to 18 years of age.

Child Development Centers (CDC)

Offering full-day, part-day, and hourly care for ages 6 weeks-5 years old

Kupulau Child Development Center

Cushman Avenue, Building 6111
Marine Corps Base Hawaii)
(808) 496-1388

Laulima Child Development Center

McClennan Drive, Building 6782
Marine Corps Base Hawaii
(808) 496-2038

Family Child Care (FCC)

Program that extends childcare through reliable family childcare services in government-owned or leased housing, provided by certified private care takers who are monitored by the command.

Resource and Referral

Lawrence Road, Building 5082
Marine Corps Base Hawaii (MCBH)
Kailua, Hawaii 96734
(808) 496-7430

New Parent Support

To help Marines and their families learn to cope with stress, isolation, deployment, and the everyday demands of parenthood.

D Street Building 216, Room 59
Marine Corps Base Hawaii
(808) 496-8803

School Age Centers (SAC)

SAC meets the needs of parents requiring childcare daily for children ages 5-12, such as before and/or after school programs, full-day programs (when school is not in session), and camps for extended school breaks.

Lawrence Road, Building 6753
Marine Corps Base Hawaii
(808) 496-2030

Youth Sports and Fitness

Youth Sports and Fitness offers a wide range of team and individual sports in a safe environment.

Building 244 | Suite 103
Marine Corps Base Hawaii
(808) 254-7636
ombkbayyouthsports@usmc-mccs.org

Hawaii State Department of Education

2025-2026 OFFICIAL SCHOOL CALENDAR

Teachers' Work Year - 1st Semester: July 29, 2025 - January 5, 2026; 2nd Semester: January 6, 2026 - May 29, 2026

Students' Work Year - 1st Semester: August 4, 2025 - December 19, 2025; 2nd Semester: January 6, 2026 - May 28, 2026

Week	Student Days	Teacher Days		Su	M	T	W	Th	F	Sa	
	0	0	July 2025	20	21	22	23	24	25	26	1st SEMESTER - 90 Student Days (Ends December 19)
1	0	4	August	27	28	29	30	31	1	2	July 29: Teachers' First Day
2	5	9		3	4	5	6	7	8	9	July 29 - August 1: Teacher Work Days (no students)
3	9	13		10	11	12	13	14	15	16	August 4: Students' First Day
4	14	18		17	18	19	20	21	22	23	August 15: Statehood Day
5	19	23		24	25	26	27	28	29	30	
6	23	27	September	31	1	2	3	4	5	6	September 1: Labor Day
7	28	32		7	8	9	10	11	12	13	
8	33	37		14	15	16	17	18	19	20	
9	38	42		21	22	23	24	25	26	27	
10	43	47	October	28	29	30	1	2	3	4	
11				5	6	7	8	9	10	11	October 6-10: Fall Break***
12	48	52		12	13	14	15	16	17	18	
13	53	57		19	20	21	22	23	24	25	
14	58	62	November	26	27	28	29	30	31	1	
15	63	67		2	3	4	5	6	7	8	
16	67	71		9	10	11	12	13	14	15	November 11: Veterans' Day
17	72	76		16	17	18	19	20	21	22	
18	75	79		23	24	25	26	27	28	29	November 27: Thanksgiving
19	80	84	December	30	1	2	3	4	5	6	November 28: School Holiday****
20	85	89		7	8	9	10	11	12	13	
21	90	94		14	15	16	17	18	19	20	December 22-January 2: Winter Break***/*
22				21	22	23	24	25	26	27	2nd SEMESTER - 92 Student Days (Ends May 28)
23			January 2026	28	29	30	31	1	2	3	December 25: Christmas
24	94	99		4	5	6	7	8	9	10	January 1: New Year's Day
25	99	104		11	12	13	14	15	16	17	January 5: Teacher Workday (no students)*
26	103	108		18	19	20	21	22	23	24	January 19: Dr. Martin Luther King Jr. Day
27	108	113		25	26	27	28	29	30	31	
28	113	118	February	1	2	3	4	5	6	7	February 9-13: Institute Day
29	117	123		8	9	10	11	12	13	14	(One day with no students during the week.
30	121	127		15	16	17	18	19	20	21	Date for each island TBD.)
31	126	132		22	23	24	25	26	27	28	February 16: Presidents' Day
32	131	137	March	1	2	3	4	5	6	7	
33	136	142		8	9	10	11	12	13	14	
34				15	16	17	18	19	20	21	March 16 - 20: Spring Break***
35	140	146		22	23	24	25	26	27	28	March 26: Kuhio Day
36	144	150	April	29	30	31	1	2	3	4	April 3: Good Friday
37	149	155		5	6	7	8	9	10	11	
38	154	160		12	13	14	15	16	17	18	
39	159	165		19	20	21	22	23	24	25	
40	164	170	May	26	27	28	29	30	1	2	
41	169	175		3	4	5	6	7	8	9	
42	174	180		10	11	12	13	14	15	16	
43	179	185		17	18	19	20	21	22	23	May 25: Memorial Day
44	182	189		24	25	26	27	28	29	30	May 28: Last Day for Students & Second Semester Ends**
-2^			June	31	1	2	3	4	5	6	May 29: Last Day for Teachers
180	189^^										

*Teacher workday between semesters: Jan. 5 **Commencement exercises: No sooner than May 22, 2026

***For 10-month teachers - Intersession: Oct. 6-10; Recesses: Dec. 22-Jan. 2 and Mar. 16-20

****For 12-month teachers - Paid break days include the day after Thanksgiving: Nov. 28 and Winter Break: Dec. 22-Jan. 2

Educational Officer & Teacher Institute Days: TBD (one day per island)

^2 Instructional days shall be converted to a non-student day for school planning and collaboration.

^^The work year for teachers consists of 193 days. Teachers report to campus for 189 days and 4 additional days, converted to 27 hours, shall be scheduled contiguous to the teacher's work day. 21 hours are used for job-embedded professional development and 6 hours for training, planning and assessment, or teacher evaluation meetings.

STATE HOLIDAYS: 2025-2026 SCHOOL YEAR

Statehood Day:	August 15, 2025
Labor Day:	September 1, 2025
Veterans' Day:	November 11, 2025
Thanksgiving Day:	November 27, 2025
Christmas Day:	December 25, 2025
New Year's Day:	January 1, 2026
Dr. Martin Luther King Jr. Day:	January 19, 2026
Presidents' Day:	February 16, 2026
Prince Jonah Kuhio Kalaniana'ole Day:	March 26, 2026
Good Friday:	April 3, 2026
Memorial Day:	May 25, 2026

Approved June 1, 2023

Department of Education

STUDENT'S HEALTH RECORD

Student Address Label

Name _____
(Last) (First) (Middle Initial)

Female ☐
Male ☐

Preschool: Entry Date ____/____/____
Elementary: Entry Date ____/____/____
Intermediate/Middle: Entry Date ____/____/____
High: Entry Date ____/____/____

Birthdate _____
Month Day Year

Parent's Name _____
(Mother/Legal Guardian) (Father/Legal Guardian)

Allergies: _____

Please complete the following sections **(CHECK IF YES)**

MEDICAL STATUS

Allergy (type) <input type="checkbox"/>	Cancer/Leukemia <input type="checkbox"/>	Hearing Problems <input type="checkbox"/>	Hypertension <input type="checkbox"/>	Seizures <input type="checkbox"/>	Vision Problem <input type="checkbox"/>
Asthma <input type="checkbox"/>	Chronic Cough/Wheezing <input type="checkbox"/>	Heart Disease <input type="checkbox"/>	JRA Arthritis <input type="checkbox"/>	Sickle Cell Anemia <input type="checkbox"/>	
Behavioral Problems <input type="checkbox"/>	Diabetes <input type="checkbox"/>	Hemophilia <input type="checkbox"/>	Rheumatic Heart <input type="checkbox"/>	Skin Problems <input type="checkbox"/>	

PHYSICIAN'S EXAMINATION CODE: N-NORMAL; A-ABNORMAL; C-CORRECTED; R-RECEIVING CARE

Date	Grade	Height	Weight	BMI	Blood Pressure	Vision		Hearing		Eyes	Ears	Nose	Throat	Teeth	Heart	Lungs	Abdomen	Nervous System	Skin	Scoliosis	Extremities	Nutrition	Varicella Immunity Secondary to Disease (DATE)	Reviewed Immunization Record (Check if Yes)	Completed PPD Screening (Check if Yes) See Results Below	Provider's Signature	Provider's Stamp or Printed Name
						R.	L.	R.	L.																		

TUBERCULOSIS EVALUATION

Check one box below, complete date assessment, test or x-ray was administered.

Physician, APRN, PA, Clinic

<input type="checkbox"/>	Negative TB Risk Assessment	Date: ____/____/____	
<input type="checkbox"/>	Negative test for TB infection	Date: ____/____/____	
<input type="checkbox"/>	Positive test, and negative chest x-ray	Date: ____/____/____	

DENTAL EXAMINATION

Dental Check-Up	Date: ____/____/____
Dental Check-Up	Date: ____/____/____

IMMUNIZATIONS (VACCINES, DATES GIVEN: MONTH/DAY/YEAR)

DTaP, DTP, DT, Tdap or Td	Type						
	Date	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
Polio (IPV or OPV)	Type						
	Date	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
Hib (Haemophilus influenzae type b)	Type						
	Date	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
Pneumococcal Conjugate	Type						
	Date	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
Hepatitis B	Type						
	Date	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
Hepatitis A	Type						
	Date	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
MMR	Type					Varicella Date	
	Date	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
HPV	Type					Meningococcal Conjugate Date	
	Date	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____
Other	Type						
	Date	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____	____/____/____

Physician, APRN, PA or Clinic _____



TB Document F: State of Hawaii TB Clearance Form

Hawaii State Department of Health
Tuberculosis Control Program

Patient Name	DOB	TB Screening Date

I have evaluated the individual named above using the process set out in the DOH TB Clearance Manual dated 1/10/2024 and determined that the individual does not have TB disease as defined in section 11-164.2-2, Hawaii Administrative Rules.

I. Screening for schools, childcare facilities, or food handlers *(TB Document A or E)*

<input type="checkbox"/> Negative TB risk assessment
<input type="checkbox"/> Negative test for TB infection: TST: mm, date read: ; or QFT (date:)
<input type="checkbox"/> Positive test for TB infection: TST: mm, date read: ; or QFT (date:)
and negative chest X-ray (date:)

II. Initial Screening for Health Care Facilities or Residential Care Settings *(TB Document B or C)*

<input type="checkbox"/> Negative Risk Assessment: Children 1-17 yrs old, who are household members in residential care settings
<input type="checkbox"/> Negative test for TB infection (2-step):
<input type="checkbox"/> New positive test for TB infection:
<input type="checkbox"/> Previous positive test for TB infection, negative symptoms screen and negative CXR within previous 12 mos: Date of CXR:
<input type="checkbox"/> Previous positive test for TB infection, and negative CXR: Date of CXR:

III. Annual Screening for Health Care Facilities or Residential Care Settings *(TB Document D)*

<input type="checkbox"/> Negative risk assessment (children 1-17 yrs old, who are household members in residential care settings)
<input type="checkbox"/> Negative test for TB infection: TST: mm, date read ; or QFT (date:)
<input type="checkbox"/> New positive test for TB infection: TST: mm, date read: ; or QFT (date:)
and negative chest X-ray (date:)
<input type="checkbox"/> Previous positive test for TB infection and negative symptoms screen

Signature or Unique Stamp of Practitioner: _____

Printed Name of Practitioner: _____

Healthcare Facility: _____

Address: _____

Phone Number: _____ Fax: _____

This TB clearance provides a reasonable assurance that the individual listed on this form was free from tuberculosis disease at the time of the exam. This form does not imply any guarantee or protection from future tuberculosis risk for the individual listed.



TB Document G: State of Hawaii TB Risk Assessment for Adults and Children

Hawaii State Department of Health
Tuberculosis Control Program

1. Check for TB symptoms

- If there are significant TB symptoms, then further testing (including a chest x-ray) is required for TB clearance.
- If significant symptoms are absent, proceed to TB Risk Factor questions.

<input type="checkbox"/> Yes <input type="checkbox"/> No	Does this person have significant TB symptoms? Significant symptoms include <u>cough for 3 weeks or more</u> , PLUS least one of the following:					
	<table border="0"> <tr> <td><input type="checkbox"/> Coughing up blood</td> <td><input type="checkbox"/> Fever</td> <td><input type="checkbox"/> Night sweats</td> </tr> <tr> <td><input type="checkbox"/> Unexplained weight loss</td> <td><input type="checkbox"/> Unusual weakness</td> <td><input type="checkbox"/> Fatigue</td> </tr> </table>	<input type="checkbox"/> Coughing up blood	<input type="checkbox"/> Fever	<input type="checkbox"/> Night sweats	<input type="checkbox"/> Unexplained weight loss	<input type="checkbox"/> Unusual weakness
<input type="checkbox"/> Coughing up blood	<input type="checkbox"/> Fever	<input type="checkbox"/> Night sweats				
<input type="checkbox"/> Unexplained weight loss	<input type="checkbox"/> Unusual weakness	<input type="checkbox"/> Fatigue				

2. Check for TB Risk Factors

- If any “Yes” box below is checked, then TB testing is required for TB clearance
- If all boxes below are checked “No”, then TB clearance can be issued without testing

<input type="checkbox"/> Yes <input type="checkbox"/> No	Was this person born in a country with a high TB case rate (refer to TB Document J)? (eg. Not born in the United States, Canada, Australia, New Zealand, Western Europe, Northern Europe, or Japan.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has this person traveled to (or lived in) a country with a high TB case rate for four weeks or longer?
<input type="checkbox"/> Yes <input type="checkbox"/> No	At any time has this person been in contact with someone with <i>infectious TB disease</i>? (Do not check “Yes” if exposed only to someone with latent TB)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does this person have a health problem that affects the immune system, or is medical treatment planned that may affect the immune system? <i>Includes HIV/AIDS, organ transplant recipient, treatment with TNF-alpha antagonist (e.g. Humira, Enbrel, Remicade), or steroid medication for a month or longer.</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	For children under age 16: Someone born in a country with a high TB case rate (eg. Not born in the United States, Canada, Australia, New Zealand, Western Europe, Northern Europe, or Japan) is living or has lived in the same household.

Provider Name with Licensure/Degree:

Person's Name and DOB:

Assessment Date:

Name and Relationship of Person Providing Information (if not the above-named person):