



Hawaii School Information Handbook 2025-2026

U.S. Army Garrison – Hawaii
School Liaison Office

Building 1283, 241 Hewitt Street, Schofield Barracks, HI 96857

Email: USAGHI_SchoolLiaison@army.mil

Phone: (808) 787-5644



Army School Liaison Officers

Phone: (808) 787-5644

Website: <https://hawaii.armymwr.com/programs/school-support-services>

Jin Castiglione

jin.castiglione.naf@army.mil

Tamsin Keone

tamsin.k.keone.naf@army.mil

Useful Phone Numbers & Websites

Army Community Service, Exceptional Family Member Program

Phone: (808) 787-4227

Child & Youth Services, Parent Central Services

Phone: (808) 787-7464 – Bldg 1283, Schofield Barracks

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, Marine Corps, Navy, and Space Force)

Pearl Harbor–Hickam: Cherise Yamasaki and Kimberly Meyer, (808) 306-9247

jbphhslo@us.navy.mil

Kaneohe Marine Corps Base Hawaii: Seon Lecher, (808) 496-2019

Army-related

Hawaii MWR Army
Island Palm Communities
MCEC School Quest
militarychildcare.com
Military One Source
U.S. Army Garrison

Resources & activities
On-post Army housing
Transition resource
Childcare wait list
Resources
Installation info

www.hawaii.armymwr.com
www.islandpalmcommunities.com
schoolquest.militarychild.org
www.militarychildcare.com
www.militaryonesource.mil <https://home.army.mil/hawaii/>

Education-related

Catholic Schools Hawaii
Hawaii Department of Education
Hawaii DOE ARCH
Hawaii Private Schools
KHAN Academy
Military Interstate Compact
Tutor.com

Info for private schools
Info for public schools
School reports
Database of private schools
Tutoring resource
Transition policy support
Tutoring resource

www.catholicschoolshawaii.org
www.hawaiipublicschools.org
www.arch.k12.hi.us
www.hais.us
www.khanacademy.org
www.mic3.net
www.tutor.com/military

ARMY-CONNECTED & 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
Āliamanu Middle* ★	3271 Salt Lake Blvd, Honolulu, HI 96818	(808) 421-4100
Ala Wai Elementary *	503 Kamoku Street, Honolulu, HI 96826	(808) 973-0070
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
Jefferson Elementary*	324 Kapahulu Avenue, Honolulu, HI 96815	(808) 971-6922
Kaimuki High*	2705 Kaimuki Avenue, Honolulu, HI 96816	(808) 733-4900
Kalāheo High ★	730 Iliaina St, Kailua, HI 96734	(808) 305-0200
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
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
Nimitz Elementary* ★	520 Main Street, Honolulu, HI 96818	(808) 307-4400
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
Washington Middle*	1633 South King Street, Honolulu, HI 96826	(808) 973-0177
Webbing 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 a school that is assigned to a temporary lodging facility

★ Indicates a school that has received the Purple Star Norbert Hawaii Award for excellent support to military-connected students

If you are staying in temporary lodging, there is a designated temporary school for your child to attend until your family receives permanent housing (see below). Hawaii does not offer the school choice option; therefore, you should choose your permanent home wisely as your child will be assigned to a school based on the street you live on. If you move to a home that is assigned to a different school than your temporary lodging school, your child will be expected to move to the new school because temporary schools do not have space to accommodate temporary students all year long. Geographic Exceptions (G.E.s) to attend a different school than your assigned school are rarely granted.

For children staying at:

Your temporary school is:

The Inn at Schofield	Daniel K. Inouye El (Gr K-5); Wheeler Middle (Gr 6-8); Leilehua High (Gr 9-12)
Tripler Guest House	Moanalua El (Gr K-6); Moanalua Middle (Gr 7-8); Moanalua High (Gr 9-12)
Best Western Plaza or Airport Honolulu Hotel	Nimitz El (Gr K-6); Āliamanu Middle (Gr 7-8); Radford High (Gr 9-12)
Hale Koa Hotel or Waikiki / Ala Moana hotels	Jefferson El or Ala Wai El (Gr K-5); Washington Middle (Gr 6-8); Kaimuki High (Gr 9-12)
Embassy Suites / Hampton Inn Residence Inn - Kapolei	Ho`okele El (Gr K-5); Kapolei Middle (Gr 6-8); Kapolei High (Gr 9-12)
Ford Island Navy Lodge	Pearl Harbor Kai El (Gr K-6); Āliamanu Middle (Gr 7-8); Radford High (Gr 9-12)

PERMANENT HOUSING

Once you permanently reside on one of the Army installations below, your designated school is:

Aliamanu Military Reservation (AMR) – depending on home address

Grades K – 6	Makalapa, Red Hill, Pearl Harbor or Webling Elementary School <i>CYS does not service students that attend Webling Elementary</i>
Grades 7 & 8 Grades 9 - 12	Aliamanu Middle, Moanalua Middle, or Aiea Intermediate School Radford, Moanalua or Aiea High School

Fort Shafter / Fort Shafter Flats

Grades K-6	Shafter Elementary School
Grades 7 & 8	Moanalua Middle School
Grades 9-12	Moanalua High School

Red Hill Mauka

Grades K-6	Red Hill Elementary School
Grades 7 & 8	Moanalua Middle School
Grades 9-12	Moanalua High School

Helemano Military Reservation (HMR)

Grades K – 5	Helemano Elementary School or Wahiawa Elementary (depending on home address)
Grades 6 – 8	Wahiawa Middle School
Grades 9 - 12	Leilehua High School

Schofield Barracks

Grade K – 5	Daniel K. Inouye, Solomon, or Wheeler Elementary (depending on home address)
Grades 6 – 8	Wheeler Middle School
Grades 9 – 12	Leilehua High School

Tripler Army Medical Center Housing

Grades K-6	Moanalua Elementary School
Grades 7 & 8	Moanalua Middle School
Grades 9-12	Moanalua High School

Wheeler Army Airfield

Grades K-5	Wheeler Elementary School
Grades 6- 8	Wheeler Middle School
Grades 9-12	Leilehua High School

Families staying in a temporary or permanent location not listed above may reach out to the School Liaison Office or the appropriate Hawaii DOE District Office on page 2 for assistance with identifying the assigned school.

Students with special needs may contact the Army Community Service, EFMP Program Manager / System Navigator at (808) 787-4227. You may also request to be added to the EFMP email distro list to receive EFMP updates and information.

Families planning to homeschool should visit their child's assigned school to request and complete the Exceptions to Compulsory Education Form #4140. Some families choose to homeschool their children while in temporary lodging (not recommended for high school students). Please call (808) 787-5644 to be added to the homeschool email distro list. For more DOE information on homeschooling, please visit: <https://hawaiipublicschools.org/enrolling-in-school/homeschool/>.

The Hawaii Department of Education provides school bus service for a fee (upon availability):

Quarterly Round-Trip: \$72

Quarterly One-Way: \$36

Students who qualify for free lunch are eligible for free bus transportation. For more information, please visit: <https://hawaiipublicschools.org/school-services/eligibility-applying/>

REGISTRATION INFORMATION

Please contact the front office of your child's school to register. Offices are open year-round (to include fall, winter, spring, and summer breaks), Monday - Friday, 8:00 a.m. – 3:30p.m. and they are closed on State and Federal holidays. The ideal registration hours for most schools is 9 a.m. – 11 a.m. (Solomon Elementary only allows enrollments between 8:30-11am). After all paperwork is submitted, your child will be able to start school in approximately two days. You do not need to wait for permanent housing for your child to start school, they can attend a temporary school in the meantime. However, if housing can provide you with written documentation of your permanent address or community area, your child may be able to start at their assigned, permanent school while in temporary lodging. Parents will be expected to provide transportation to and from school in this circumstance.

Children registering in Hawaii for the first time need:

1. Student's original birth certificate
2. Valid government-issued photo ID of parent/guardian
3. Report card or records from the previous school
 - If they were not released, provide contact info for the previous school and the Hawaii school will request these documents directly
4. Medical records, including:
 - Up-to-date shot records for your child's age
 - Physical examination by a licensed physician within 12 months of date enrolling for school. Students without a current physical may start school with a documented, upcoming appointment date. Contact the Central Appointments Office at 433-2778 to schedule an appointment and for additional information.
 - A tuberculosis (TB) clearance completed in a U.S. facility. Students arriving from overseas should wait until they arrive in Hawaii to get the assessment done. Your child's Primary Care Physician will conduct a screening to determine if a Tuberculosis Skin Test is required. The Desmond Doss Health Clinic Immunization Service (Walk-in) can be reached at (808) 433-6661. The Tripler Army Medical Center Pediatric Immunization Clinic can be reached at (808) 433-6234.
5. Proof of residency (housing papers, hotel contract or invoice, utility bill, etc.).
6. Special needs students should provide an IEP or 504 and all prior assessments and/or evaluations. Gifted and Talented students should bring in all prior documentation. Schools may perform their own evaluation(s) of your child in order to ensure placement in the appropriate program.



Child & Youth Services Programs



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

Our centers are located on:

Aliamanu Military Reservation (AMR)
Fort Shafter (FS)
Helemano Military Resevaation (HMR)
Schofield Barracks (SB)

We have the following programs available:

Child Development Centers (CDC)

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

AMR: (808) 787-4129	FS: (808) 787-4048
HMR: (808) 787-7455	Petersen: (808) 787-4180/4183
SB: (808) 787-4173/4174	Bowen: (808) 787-4245

Family Child Care (FCC) Homes

Program that allows authorized family members to provide child care their government quarters to children ages 4 weeks- 12 years of age. All personnel providing child care in their government quarters must be certified with the FCC program.

Ph: (808) 787-4393

School Age Centers (SAC)

SAC meets the needs of parents requiring child care on a daily basis for children grades K-5, such as before and/or after school programs, full-day programs (when school is not in session), and camps for extended school breaks.

AMR: (808) 787-4137	FS: (808) 787-4058
SB: (808) 787-4351	HMR: (808) 787-7455

Youth Sports and Fitness

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

AMR: (808) 787-4141/4111	SB: (808) 787-4111
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Youth Centers (YC)

The Youth Centers provide activities for youth typically in grades 6-12. Youth have access to programs, standardized curricula, special events, camps, scholarships, and more. Computer labs and homework assistance are also available at every Youth Center.

AMR: (808) 787-4147	FS: (808) 787-4070
SB: (808) 787-4109	

SKIES Unlimited

SKIES provides quality instructional programs for children and youth of all ages.

Music * Martial Arts * Dance * Tumbling * Tennis * Violin * and more! (*subject to change*)

SB: (808) 787-7464

To register your child for Child & Youth Services, or for more information, please contact our Parent Central Services Office:

Schofield Barracks:

241 Hewitt St. Bldg 1283

(808) 787-7464

Office Hours: 8am – 5pm, daily

Walk-ins: 8am-11am, Monday-Friday (excluding Wednesdays)

Appointments: 12-3:30pm, daily

Please be sure you hand carry the following during your move, so you will have them available upon arrival to register:

- Child's current shot record to include a TB clearance
- Current health assessment (physical) within 30 days of registration. Those without a current assessment have 30 days from the date of registration to attain one.
- Military/DOD identification
- LES for Sponsor and Spouse
- At least 2 emergency contacts

****Please note:** If you are interested in a CYS program, please be sure to visit www.militarychildcare.com to be placed on the waitlist for care. This is the central waitlist system for USAG-HI. Some programs have an extensive waitlist, depending on the age of the child and the type of care that is needed. You may also visit <https://hawaii.armymwr.com/programs/register-parent-central-services> for detailed information. You can also visit <https://hawaii.armymwr.com> for more information on what your new duty station has to offer.

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	November	19	20	21	22	23	24	25	
14	58	62		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	December	23	24	25	26	27	28	29	November 27: Thanksgiving
19	80	84		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^^										

Approved June 1, 2023

*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

STUDENT'S HEALTH RECORD

Please complete the following sections (CHECK IF YES)

Health Condition	Yes	No	Other
Allergy (type)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer/Leukemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Cough/Wheezing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JRA Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatic Heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sickle Cell Anemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skin Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision Problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[illegible]

Check one box below, complete date assessment, test or x-ray was administered.		Physician, APRN, PA, Clinic
Negative	Date:	
TB Risk Assessment	/ /	
Negative test for TB infection	Date:	
/ /		
Positive test, and negative chest x-ray	Date:	
/ /		

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

[illegible]

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, child care 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):	