



**Umatilla-Morrow Head Start, Inc.**  
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A HEAD START,  
 EARLY HEAD  
 START

AND  
 OREGON PRE-  
 KINDERGARTEN  
 PROGRAM  
 SERVING...

Umatilla  
 Morrow  
 Grant  
 Wallowa  
 Sherman  
 Wheeler  
 And Gilliam  
 Counties

A WIC PROGRAM  
 SERVING...

Umatilla,  
 Morrow, and Wheeler  
 Counties

A CHILD CARE  
 RESOURCE  
 REFERRAL  
 PROGRAM  
 SERVING...

Umatilla  
 and  
 Morrow  
 Counties

A FAMILY  
 SUPPORT &  
 CONNECTIONS  
 PROGRAM  
 SERVING

Umatilla  
 and  
 Morrow  
 Counties

CASA PROGRAM

HEALTHY  
 START/HEALTHY  
 FAMILIES

A CAR SEAT  
 LOAN PROGRAM

## Tuberculosis Screening

Name: \_\_\_\_\_

1. In the past five years have you lived outside the United States?  No  Yes  
 If yes, please list where you lived \_\_\_\_\_
2. In the past year have you traveled outside the United States?  No  Yes  
 If yes, please list where you went to visit \_\_\_\_\_
3. Have you knowingly been exposed to TB?  No  Yes
4. Do you suffer from night sweats?  No  Yes
5. Do you have unexplained fevers?  No  Yes
6. Have you experienced a prolonged cough?  No  Yes
7. Have you experienced unexplained weight loss?  No  Yes
8. Have you ever experienced chest pains?  No  Yes

I understand that any positive answers will be reviewed by a Health Care Professional.

Health Care Professional: \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_