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FISHHAWK CREEK ELEMENTARY

Hello Parents/Guardians,

Welcome to FishHawk Creek Elementary! Attached is information regarding registration for our 2023-2024 school year. It is important that all necessary registration paperwork be completed for your child to begin classes. We will need FishHawk Creek Elementary's Registration forms completed and returned to us along with 2 proofs of residency and your child's immunization record and physical record. The medical records must be submitted on the Florida medical forms DH680 and DH3040. Please make note of the registration checklist on the next page. We will not accept incomplete registration so please make sure all required documents are included in your paperwork when you return your registration forms.

Registration packets are in our front office.

We will be accepting new registrations for 2023-2024 beginning on May 2 on Tuesdays-Thursdays between 8am-12pm. In the summer we will only be accepting registrations on Wednesdays between 8am-12pm.

If you have any questions, please contact us. Our contact phone number, email and fax number are below.

Sincerely,
Steven Sims
Principal

Mechelle Delage Lazar
Data Processor
FishHawk Creek Elementary School
16815 Dorman Road
Lithia, FL 33547
(813) 651-2150
mechelle.delage@hcps.net

Connect with Us · HillsboroughSchools.org · P.O. Box 3408 · Tampa, FL 33601-3408 · (813) 272-4000
Raymond O. Shelton School Administrative Center · 901 East Kennedy Blvd · Tampa, FL 33602-3507



REGISTRATION CHECKLIST

You **MUST** have all the following for your registration to be complete:

A - New Kindergarten Student: (Must be 5 by Sept 1st 2023)

- ☐ Completed Student Release and Emergency Information Card (SER)
- ☐ Student Residency Form, verification of parent/legal guardian address by one form of the following AND current electric bill (**ADDRESS REQUIREMENTS**):
 - ☐ Homestead exemption AND ☐ Current electric bill
 - ☐ Lease agreement AND ☐ Current electric bill
 - ☐ Property tax receipt AND ☐ Current electric bill
 - ☐ Contract for purchase of home AND ☐ Current electric bill
 - ☐ Warranty deed AND ☐ Current electric bill
- ☐ Birth certificate
- ☐ Physical Examination on **Florida Form DH3040** (on or after August 10th 2022)
- ☐ Immunization Records on **Florida Form DH680**
 - OR** A medical exemption from Florida Department of Health
 - OR** A religious exemption on HRS form 681 available at the Florida Department of Health
- ☐ Social Security Number *not a requirement but highly recommended

B - Student coming from another Hillsborough County Public Schools:

- ☐ Completed Student Release and Emergency Information Card (SER)
- ☐ Student Residency Form, verification of parent/legal guardian address by two forms of the following: **See above for address requirements**

C - Student coming from a public or private school outside of Hillsborough County:

- ☐ Completed Student Release and Emergency Information Card (SER)
- ☐ Report Card or Transcript from the last school
- ☐ Student Residency form, verification of parent/legal guardian address by two forms of the following: **See above for address requirements**
- ☐ Birth certificate
- ☐ Physical Examination on **Florida Form DH3040** (on or after August 10th 2022)
- ☐ Immunization Records on **Florida Form DH680**
 - OR** A medical exemption from Florida Department of Health
 - OR** A religious exemption on HRS form 681 available at the Florida Department of Health
- ☐ Social Security Number *not a requirement but highly recommended



FISHHAWK CREEK ELEMENTARY

Mandatory Uniform Policy

The uniform for FishHawk Creek students consists of:

SHIRTS: Royal blue, white, light blue or gold shirts (with or without school logo). Shirts with logo may be ordered through 3FF Custom Embroidery 813-654-4226. No logo or writing other than the FHC school logo is allowed on the school uniform.

PANTS/WALKING SHORTS: Khaki or navy-blue pants
Khaki or navy-blue walking shorts

SKIRTS OR SKORTS: Khaki or navy blue

WINTER WEAR: A variety of long sleeve shirts and sweatshirts with a logo will be sold through 3FF Custom Embroider 813-654-4226.

Immunizations

	K	1	2	3	4	5	6	7	8	9	10	11	12
Varicella - 2 doses	X	X	X	X	X	X							
Varicella - 1 dose (chicken pox)							X	X	X	X	X	X	X
DPT - 5 doses	X	X	X	X	X	X	X	X	X	X	X	X	X
Polio - (New for KG)	X												
Polio - 4-5 doses	X	X	X	X	X	X	X	X	X	X	X	X	X
MMR - 2 doses	X	X	X	X	X	X	X	X	X	X	X	X	X
Hepatitis B - 3	X	X	X	X	X	X	X	X	X	X	X	X	X
Td or Tdap - 1													X
Tdap - 1 dose								X	X	X	X	X	

- KG - if the 4th dose of polio vaccine is administered prior to the 4th birthday, a 5th dose of polio vaccine is required for entry into kindergarten. The final dose of the polio series should be administered on or after the 4th birthday regardless of the number of previous doses.

Pre-Kindergarten

- Varicella (chicken pox) vaccine or date of disease (year) as verified by parent or physician
- 3 doses Hepatitis B
- 4 doses Hib
- Up to date for age for Tdap, Polio, and MMR

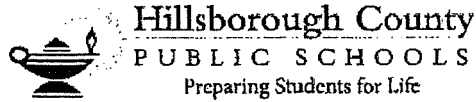
Kindergarten

- 5 doses DPT (diphtheria, pertussis, tetanus)
- 3-5 doses *Polio
- 2 doses MMR (measles, mumps, rubella)
- 3 doses Hepatitis B
- 2 doses Varicella (chicken pox) or have had the disease

1st, 2nd, 3rd, 4th and 5th Grade Students

- 5 doses DPT (diphtheria, pertussis, tetanus)
- 4 doses Polio vaccine
- 2 doses MMR (measles, mumps, rubella)
- 3 doses Hepatitis B
- 2 doses Varicella (chicken pox) or have had the disease

A **religious exemption** on HRS form 681 is available at the Florida Department of Health only - Hillsborough, Sulphur Springs Health Center 8605 N. Mitchell Ave., Tampa 813-307-8077.



Parent Letter: Preventing the Spread of Communicable Diseases

Dear Parents:

We are asking you for your continued cooperation in assisting us to control the spread of communicable diseases. Our goal is to make our school a healthy and safe place for both students and employees. We will call you immediately if your child becomes ill during school hours. You are expected to arrange for your child to be picked up as soon as possible. Our school clinic is not equipped or staffed to handle ill children for long periods of time.

Please inform us immediately if telephone numbers or other contact information on your child's emergency card changes. The information on this card is vital for the safety and well being of your child.

Please do not send your child to school if any signs/symptoms listed below are present:

1. Vomiting or diarrhea within past 24 hours
2. Fever $\geq 100.4^{\circ}$ within past 24 hours
3. Chills
4. Sore/red throat and/or congestion
5. Persistent coughing, sneezing, or shortness of breath
6. Loss of taste or smell
7. Red watery eyes
8. Rash
9. Earache, drainage from ear
10. Excessive mucus from nose (runny nose), particularly greenish-yellow mucus

Your child may return to school as soon as all signs/symptoms are gone for 24 hours without the use of medication to treat the above signs/symptoms or when your healthcare provider provides a written statement indicating your child is ready to return to school.

If suspected COVID-19 exposure, please follow isolation or quarantine procedures as directed by your healthcare provider and/or the Department of Health. Please notify your school if you are tested or test positive for COVID-19.

If your child has a communicable disease, please call the school and tell us the nature of the illness and when we can expect his/her return to school.

Thank you for working with us.

Sincerely,

The Office of School Health Services

Hillsborough County Public Schools

Department of Student Services

Office of School Health Services

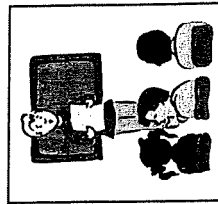
Attention Parents of Kindergarten Students

Health Requirements for Entrance to School

Every student must present a health examination and immunization record when entering a Florida school for the first time (Grades Kindergarten -12th grade). **These requirements must be completed before a child can attend kindergarten.**

Immunization Requirements

The immunization record must indicate that the following minimum requirements have been met:



***5 DPT**

****3-5 POLIO**

2 MMR

3 HEPATITIS B

2 VARICELLA

(diphtheria, pertussis, tetanus) Series of 4 plus 1 booster
The final dose of the polio series should be administered on or after the 4 th birthday regardless of the number of the previous doses
(measles, mumps, rubella) 1 st one administered after 12 months of age.
Series of 3
- OR DISEASE VERIFIED BY PHYSICIAN.

***Special Note:** If the 4th DPT was given after the child's 4th birthday, the 5th DPT is not required.

****Special Note:** If the 4th Polio was given before the child's 4th birthday, the 5th Polio will be required.

or

A Medical Exemption signed by a physician

or

A Religious Exemption on DH form 681 available only at the Hillsborough County Health Department

Health Examination Requirements

A health examination must be completed within the twelve months prior to the first day of attendance in a Florida school (Grades K-12). If you have Private Health Insurance or Medicaid, contact your Physician or Health Care Provider for an appointment. If you do not have private Health Insurance or Medicaid, please contact the Registered Nurse at your school site for further information.

Special Note:

Health examination records from school district early childhood programs (EELP, ECLC, Head Start, Pre-K) will be accepted if the examination was completed within the twelve months prior to the first day of attendance in kindergarten. Day care certificates of health are not acceptable. It is the parents' responsibility to have the early childhood record transferred to the school their child will be attending.

Records and Resources

Immunizations must appear on the Immunization Form (DH680). Physical examination results must appear on the Florida School Physical Examination form (DH 3040). Parents must complete and sign the back of the Physical Examination form Part 1 – Child's Medical History.

IMPORTANT!

Your child cannot attend school until the physical examination and immunization requirements have been met!



Information About School Health Services

Immunizations

If you have Private Health Insurance or Medicaid, contact your Physician or Health Care Provider for an appointment. If you do not have Private Health Insurance or Medicaid contact the Hillsborough County Health Department Immunization Clinic for further information

Hillsborough County Health Department Immunization Clinic



**Sulphur Spring
Health Center** 813 - 307-8077
8605 N. Mitchell, Tampa

Child Health Assurance Act

In 1986, the Florida Legislature passed the Child Health Assurance Act. This act requires insurance companies to pay for children's routine checkups. The law states that insurance companies must cover specified visits (17 visits for vaccinations and checkups from the age of 2 months to 16 years) even if the policyholder's deductible has not been met. It applies also to group policies that originate out of the state for people living and working in Florida. However, the law does not apply to self-insurers—companies that have developed their own plans.

Services to be covered at each visit include "history, physical examination, developmental assessment, anticipatory guidance, and appropriate immunizations and laboratory tests." Provisions of the Child Health Assurance Act will cover the examination and immunizations needed to enter school. Parents should check with their insurance carrier.

Emergency Information/Parental Permission

At the beginning of each school year, you will be asked to complete an emergency card. The purpose of this card is to give school

Reviewed January 2020 (Kindergarten Flyer)

personnel important information concerning health problems, procedures for emergency care, and persons to contact if you are unavailable. Your signature on this card gives the school personnel permission to act in emergency situations. Any health problem your child may have should be listed on this card. Please complete this card carefully. It is extremely important for the school to have complete and accurate information.

Remember to alert the school if changes in telephone numbers, addresses, or health status occur during the school year.

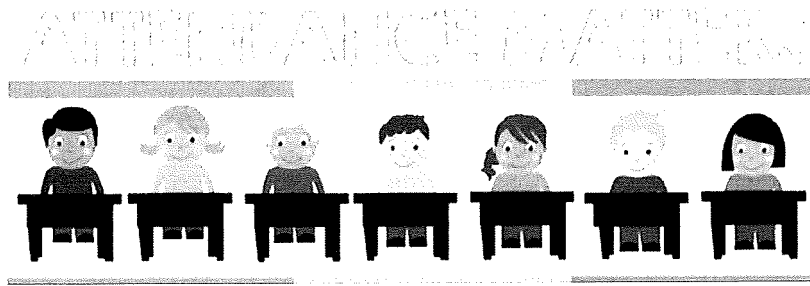
Screening Program

Health screening programs are an important part of the Primary Education Program. School health screening activities for kindergartners may include vision and hearing screenings, and measurement of height and weight with Body Mass Index calculation.

Additional Information

If you have questions or comments concerning items on this sheet or other school health services, please call the Department of Student Services, School Health Services, 273-7020.





Children who are **present on the first day** of kindergarten miss an average of **9 days** of kindergarten. Children who are **absent on the first day** of kindergarten miss an average of **18 days** of kindergarten.

Children who are absent for 18 or more school days in kindergarten have the **lowest** academic performance in 1st grade.

The Key to Success... Show Up! All Day, Every Day and ON TIME!



Ready for Kindergarten

CHECKLIST



Your child may have just started pre-k, but soon it will be time to think about kindergarten! This is a monthly checklist to guide you and your child during the transition to kindergarten:

DECEMBER

- ☐ Find your child's neighborhood school at <https://HillsboroughSchools.org/SchoolLocator>
- ☐ Learn about school choice options <https://HillsboroughSchools.org/Choice>
- ☐ Find out when the Ready for Kindergarten event will be held at your child's school at <https://SignupForKindergarten.com> or by calling the school.

JANUARY — FEBRUARY

- ☐ Know the procedures and required documents for enrolling your child in kindergarten at <https://HillsboroughSchools.org/Kindergarten>
- ☐ Attend a Ready for Kindergarten event!

MARCH — MAY

- ☐ Take the required paperwork to the school to complete the enrollment process:
 - Birth certificate
 - Social Security card (if available)
 - Florida Physical HRS form supplied by a doctor (must be within one year of school start date)
 - Florida Immunization Record on HRS hard card supplied by a doctor
 - Two forms of verification of address that prove where you live but are NOT your driver's license or state-issued ID card (some examples are a utility bill, lease, or a contract to purchase a home)

JUNE — AUGUST

- ☐ Help your child develop independence by learning how to work belts, zippers, and buttons on clothing.
- ☐ Read books together about starting kindergarten.

TWO WEEKS BEFORE SCHOOL STARTS

- ☐ Talk with your child about what will happen during the school day and about making new friends in kindergarten.
- ☐ Start to establish an evening "going-to-bed" routine and a morning "getting-ready-for-school" routine with your child.
- ☐ If your child will bring a lunch, practice opening and closing food storage containers and bags.

ONE WEEK BEFORE SCHOOL STARTS

- ☐ Plan to attend a back to school event to learn more about your child's school, the kindergarten program, and to meet your child's teacher.
- ☐ Talk with the school nurse and your child's teacher if your child has allergies, dietary restrictions, or special needs.
- ☐ Practice walking the route from the car or bus circle to the classroom with your child before school starts to develop confidence in new routines.
- ☐ Help your child lay out clothes and backpack for the following day.

FIRST DAY OF SCHOOL

- ☐ Allow plenty of time to get ready for school.
 - ☐ If you are taking your child to school, leave early to allow time to find parking and navigate the school campus.
 - ☐ Make sure your child and the child's teacher knows how the child will be going home.
- Have fun and celebrate the first day of kindergarten with your child!**

THROUGHOUT THE YEAR

- ☐ Begin to establish good attendance habits by making sure your child attends kindergarten each and every day.
- ☐ Make backup plans to be sure your child can get to school on rainy days.
- ☐ Set aside time after school each day to talk with your child about the day.
- ☐ Read everything the school sends home.
- ☐ Learn how you can become involved in your child's education.

What Your Child Needs to Know to be Ready for Kindergarten

Make the most of the time before kindergarten by using the *Florida Early Learning Standards: 4 Years Old to Kindergarten*. This quick reference sheet can be used as a guide as you help prepare your child for kindergarten success and beyond. This list contains suggested skills or abilities, but should not be considered fully comprehensive of all possible skills and abilities a five-year-old child should possess.



Social and Emotional Development

- Recognizes and responds with compassion when peers are upset
- Can communicate feelings and emotions
- Has positive relationships with peers and adults
- Plays well with others
- Can problem solve with peers and adults
- Can describe personal characteristics (e.g., hair color, age, gender)



Physical Development

- Demonstrates physical play, direction and spatial awareness (e.g., running, jumping, balancing, riding a tricycle)
- Eats and drinks without assistance
- Attends to personal hygiene



Creative Expression Through the Arts

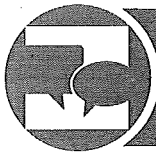
- Enjoys participating in musical activities (e.g., dance, singing, playing instruments)
- Uses drawing, painting, or other form of art to express thoughts, feelings, and experiences.



Social Studies

- Identifies themselves as an individual and how they are different from others
- Understands the use of rules within the family and classroom
- Understands the use of geographic resources (e.g., globes, maps or GPS)
- Understands the role of community workers

- Demonstrates curiosity, eagerness and persistence to a task
- Shows creativity, inventiveness, reflection and planning for a new task



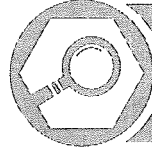
Language and Literacy

- Communicates clearly with peers and adults
- Listens for personal understanding
- Follows two-step directions
- Speaks clearly, in complete sentences
- Continually increasing the understanding and use of new vocabulary words
- Uses age-appropriate grammar (e.g., possessive pronouns, plurals, past tense)
- Continually uses extended sentences
- Ask and answers questions
- Enjoys looking at and reading books, both independently and with others
- Understands how to care for a book
- Can retell a story
- Can identify letters
- Can separate compound words into two separate words
- Can combine two words to create a new compound word
- Can separate or combine syllables and words
- Names most letters (*upper case and lower case*)
- Can write own name



Mathematical Thinking

- Recognized sets of objects without counting (*subitizing*)
- Counts to 31
- Manipulates sets (*counting objects, separating and combining sets*)
- Creates simple patterns using different objects
- Can identify, describe and create basic shapes (*circle, square, rectangle and triangle*)
- Uses terms such as besides, below, next to, behind and under to describe the location of an object



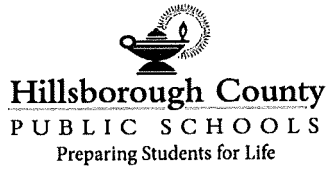
Scientific Inquiry

- Identifies and utilizes all five senses
- Uses various technologies to support exploration and learning
- Understands the difference between and observes living things and non-living things
- Makes predictions about how an environment can change an object (e.g., *water, wind, temperature*)



DIVISION OF
Early Learning
LEARN EARLY. LEARN FOR LIFE.

*This content is provided by the
Florida Department of Education.*



2023-2024 Student Academic Calendar

Students' First Day of School	Thursday, August 10, 2023
Labor Day/Non-Student Day	Monday, September 4, 2023
End of 1st Grading Period	Thursday, October 12, 2023
Non-Student Day	Monday, October 16, 2023
Veterans Day Observed/Non-Student Day	Friday, November 10, 2023
Fall Break/Non-Student Days	Monday, November 20 - Friday, November 24, 2023
Students Return to School	Monday, November 27, 2023
End of 2nd Grading Period (End of 1st Semester)	Friday, December 22, 2023
Winter Break/Non-Student Days	Monday, December 25, 2023 - Friday, January 5, 2024
Students Return to School	Monday, January 8, 2024
Martin Luther King, Jr./Non-Student Day	Monday, January 15, 2024
Non-Student Day	Friday, February 16, 2024
Non-Student Day	Monday, March 4, 2024
Spring Break/Non-Student Days	Monday, March 11 - Friday, March 15, 2024
Students Return to School	Monday, March 18, 2024
End of 3rd Grading Period	Wednesday, March 20, 2024
Non-Student Day	Friday, March 29, 2024
Last Day of School/End of 4th Grading Period (End of 2nd Semester)	Friday, May 24, 2024

Hurricane Day(s) if needed: October 16, November 10, November 20-22, and November 24

Please ensure your child arrives at school on time

School begins at 7:40am

Students will be released one hour early each Monday beginning August 14th, 2023.

The last day of school is a 2.5-hour early release.



FLORIDA CERTIFICATION OF IMMUNIZATION

Legal Authority: Sections 1003.22, 402.305, 402.313, Florida Statutes; Rule 64D-3.046, Florida Administrative Code

LAST NAME	FIRST NAME	MI	DOB (MM/DD/YY)
PARENT OR GUARDIAN	CHILD'S SS# (optional)	STATE IMMUNIZATION ID# (optional)	

Directions:

- Enter all appropriate doses and dates below.
- Sign and date appropriate certificate (A, B, or C) on form.
- See DH Form 150-615, Immunization Guidelines - Florida Schools, Childcare Facilities and Family Daycare Homes (July 2010) for information and instructions on form completion. Guidelines are available at: www.immunizeflorida.org/schoolguide.pdf.

VACCINE	DOE CODE	Dose 1 MM/DD/YY	Dose 2 MM/DD/YY	Dose 3 MM/DD/YY	Dose 4 MM/DD/YY	Dose 5 MM/DD/YY
DTaP/DTP	A					
DT	B					
Tdap	P					
Td	Q					
Polio	D					
Hib	E					
MMR (Combined)	F					
(Separate)	G, H					
	I	Measles (dose 1)	Measles (dose 2)	Mumps (dose 1)	Mumps (dose 2)	
	J	Rubella (dose 1)	Rubella (dose 2)			
Hepatitis B	K					
Varicella	L					
Varicella Disease						
PneumoConju	N					

Select appropriate box(es) Certificate of Immunization for K-12

Part A-Complete

☐ DOE Code 1: Immunizations are complete K-12 (Excluding 7th grade/middle school requirements)

☐ DOE Code 8: Immunizations are complete for 7th grade

I have reviewed the records available, and to the best of my knowledge, the above named child has adequately been immunized for school attendance, as documented above.

Temporary Medical Exemption

Expiration date: _____

Part B-Temporary

Part B (For children in daycare, family daycare homes, preschool, kindergarten and grades 1 through 12 who are incomplete for immunizations in Part A) **Invalid without expiration date.** DOE Code 2

I certify that the above named child has received the immunizations documented above and has commenced a schedule to complete the required immunization. Additional immunizations are not medically indicated at this time.

Permanent Medical Exemption

Part C-Permanent

Part C (For medically contraindicated immunizations, list each vaccine and state valid clinical reasoning or evidence for exemption.)

DOE Code 3 _____

I certify the physical condition of this child is such that immunizations as indicated in Part C above are medically contraindicated.

Physician or Clinic Name: _____

Physician or
Authorized Signature: _____

Issued By: _____

Date: _____



Name of Child (Last, First, Middle)	Birth Date
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PART II — MEDICAL EVALUATION

To be completed and signed by the Health Care Provider ONLY:

The child named above has had a complete history and physical exam on the following date:
(Exam must be within one year of enrollment)

Month _____ Day _____ Year _____

Screening Results:

Height: _____ Weight: _____ BMI%: _____ B/P: _____ Hct/Hgb: _____ Lead: _____ Urinalysis: _____

Vision - Without Glasses	Right 20/____	Left 20/____	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>	Hearing - Right	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>
Vision - With Glasses	Right 20/____	Left 20/____	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>	Hearing - Left	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>

Gross dental (teeth and gums)	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Refer/Tx: _____
Head/scalp/skin	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Refer/Tx: _____
Eyes/Ears/Nose/Throat	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Refer/Tx: _____
Chest/Lungs/Heart	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Refer/Tx: _____
Abdomen	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Refer/Tx: _____
Postural assessment	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Refer/Tx: _____

TB risk assessment done ☐ (Please review Targeted Testing Guidelines listed below.)

This child has the following problems that may impact the educational experience:

☐ Vision ☐ Hearing ☐ Speech/Language ☐ Physical ☐ Social/Behavioral ☐ Cognitive

Specify: _____

☐ This child has a health condition that may require emergency action at school, e.g. seizures, allergies. Specify below.
(This form will be stored in the child's Cumulative Health Folder and may be accessed by both school and health personnel.)

Recommendations (Attach additional sheet if necessary): _____

(Please Check One)

- ☐ This child may participate fully in school activities including physical education.
☐ This child may participate in school activities including physical education with the following restriction/adaptation.
(Specify reason and restriction) _____

Signature/Title of Health Care Provider	Date	Address (Please print or stamp)
	____/____/____	
Name (Please print or stamp)		

Tuberculosis Targeted Testing Guidelines for Health Care Providers

Tuberculosis Infection Risk:

Review the following risks and administer a Mantoux TB skin test if child is in one or more categories. The TB test is administered confidentially as part of the health examination. **Do not record administration of any TB test or related information on this form.**

- Recent immigrant (< 5 years), frequent visitor to TB endemic areas
- Close contact to active TB case
- Frequent contact with adults at high-risk for disease, HIV+, homeless, incarcerated, illicit drug user
- HIV+ or have other medical conditions that increase the risk to progress from infection to disease, e.g., chronic renal failure, diabetes, hematologic or any other malignancy, weight loss > 10% of ideal body weight, on immunosuppressive medications

Active TB Disease Risk:

- Does the child exhibit signs/symptoms of tuberculosis (e.g. cough for three weeks or longer, weight loss, loss of appetite)?
- If symptoms are present, work-up or refer for TB disease evaluation.