

TUBERCULOSIS EXPOSURE RISK QUESTIONNAIRE

Name _____ DOB _____

In order to determine whether or not a TB test is indicated for your child, we need you to answer the following questions. Because the exposure risks change, we will ask you to update this questionnaire at each well child visit, thank you.

DATE _____

- | | | | | | |
|---|--------|--------|--------|--------|--------|
| | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No |
| 1) Has your child been exposed to anyone known or suspected to have TB since last test? | | | | | |
| 2) Has your child recently immigrated from a country with in the last 3 Months where TB is more common? Out side U.S., Canada, Western Europe? Examples- Eastern Europe, Mexico, South America, Asia, Africa. | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No |
| 3) Within the last 3 months has your child come in contact with persons that have recently immigrated from one of these countries? | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No |
| 4) Within the last 3 months has your Child traveled to one of these countries? | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No |
| 5) Is your child in frequent contact with any one that has any immune system problems? | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No |
| 6) Is your child in frequent contact with anyone that lives under crowded conditions? Examples- prisons, chronic care facilities? | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No |
| 7) Do you live in an area that you believe may be a high risk area for TB?
Lake county residents are recommended to Have PPD skin tests for TB at 4-6 and 11-16 yrs. | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No |

Office use only/Providers Initials

_____	_____	_____	_____	_____
No Risk <input type="checkbox"/>	No Risk <input type="checkbox"/>	No Risk <input type="checkbox"/>	No Risk <input type="checkbox"/>	No Risk <input type="checkbox"/>
√ PPD <input type="checkbox"/>	√ PPD <input type="checkbox"/>	√ PPD <input type="checkbox"/>	√ PPD <input type="checkbox"/>	√ PPD <input type="checkbox"/>