

# TUBERCULOSIS EXPOSURE RISK QUESTIONNAIRE

Name \_\_\_\_\_ DOB \_\_\_\_\_

Date \_\_\_\_\_

In order to determine whether or not a TB test is indicated for your child, we need you to answer the following questions.

- 1) Has your child been exposed to anyone known or suspected to have TB since last test? Yes No
  
- 2) Has your child recently immigrated from a country within 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
  
- 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
  
- 4) Within the last 3 months has your Child traveled to one of these countries? Yes No
  
- 5) Is your child in frequent contact with any one that has any immune system problems? Yes No
  
- 6) Is your child in frequent contact with anyone that lives under crowded conditions? Examples- prisons, chronic care facilities? Yes No
  
- 7) Do you live in an area that you believe may be a high risk area for TB? Yes No  
Lake county residents are recommended to Have PPD skin tests for TB at 4-6 and 11-16 yrs.

No Risk      PPD

Office use only/Providers Initials: \_\_\_\_\_