

PEDIATRIC TB RISK ASSESSMENT QUESTIONNAIRE

Name: _____ Date Form Completed: ___/___/___

Date of Birth: ___/___/___

1. Has your child had any contact with a case of TB? _____
2. Was any household member, including your child, born in or have they traveled to areas where TB is common (eg, Africa, Asia, Latin America, and the Caribbean)? _____
3. Does your child have regular (eg. daily) contact with adults at high risk for TB (ie, those who are HIV infected, homeless, incarcerated, and/or illicit drug users)?

4. Does your child have HIV infection? _____

Any "yes" response is considered a positive risk factor and is an indication for administering a Mantoux tuberculin skin test to the child.

- This child has been screened by their Doctor for risk of exposure to tuberculosis. Based upon the results of the TB Risk Assessment Questionnaire the child was not given a Mantoux tuberculin skin test at our office.

Health Care Provider Comments:

Signature/Title: _____ Date: ___/___/___

Please return this form to your School Nurse as soon as possible