

# Tuberculosis (TB) Screening Questionnaire

(Child Screening)

Child Name \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Sponsor last 4 \_\_\_\_\_

Y/N Has your child traveled to any "high risk" areas within the past year? (Asia, Africa, Middle East, Eastern Europe, Latin America, Mexico)

Y/N If yes, was there close contact/interaction with the local population?

Y/N Are any household members foreign born or recently moved to the U.S. (within the past year) from any of the areas listed above?

Y/N Has your child been in contact with someone who has or is suspected to have active TB or who had a positive TB skin test?

Y/N Has your child been in contact with anyone in a "high risk" group such as: (please circle)

HIV + ?

Resident of a long term care facility (such as a nursing home)?

Institutionalized People?

Drug users?

Migrant workers?

Other?

Y/N Has your child ever had a chest x-ray or exam findings suggesting TB?

Y/N Is your child at "high risk"? (Immune deficient, organ transplant, Drug user, on immune suppression medication)

Y/N Does your child drink or eat raw (unpasteurized) milk or cheese?

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Provider Signature/Stamp \_\_\_\_\_

Y/N High Risk

Y/N TB skin testing needed