



TB Screening

Name:

Date of Birth:

Date of Service:

RISK ASSESSMENT QUESTIONS	YES	NO
Was your child born in a high-risk country*? * High-risk country = any country other than US, Canada, Australia, New Zealand, or Eastern & Northern European countries		
Has your child traveled to a high-risk country* for more than 1 week?		
Has a family member or contact had tuberculosis disease?		
Has a family member had a positive TB test result?		
Does your child spend time with anyone who has been in prison or shelter, uses illegal drugs, or has HIV?		
Does your child have a household member who was born outside the US in a high-risk country* or who has traveled outside the US to a high-risk country*?		

Risk Assessment: Low

High

PPD Test Ordered