

TB SCREENING

Name: _____ **Date of Birth:** _____

Doctor's Name: _____ **Today's Date:** _____

RISK ASSESSMENT QUESTIONS	YES	NO
Was your child born outside of the United States? If yes, Name of country- _____		
Has your child traveled outside of the US? If yes, where did your child trave? _____ How long was your child outside of the US? _____		
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 a 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** ___