**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 4 weeks?  |   |   |
| 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\*? If yes, has this person had a recent TB test? |   |   |

Risk Assessment: Low  High  PPD Test Ordered 