

TUBERCULOSIS RISK ASSESSMENT QUESTIONNAIRE

Circle Response Y=Yes N=No

Name:	Date:	
DOB:	Age:	
1. Was your child born outside the United States? (Answer yes only if the child was born in Africa, Asia, Latin America, or Eastern Europe)	Y	N
2. Has your child traveled outside the United States for more than 3 weeks? (Answer yes only if the child traveled to Africa, Asia, Latin America, or Eastern Europe)	Y	N
3. Has your child been exposed to anyone with TB disease?	Y	N
4. Does your child have close contact with a person who has a positive TB skin test?	Y	N
5. Does your child spend time with anyone who has been in jail (or prison) or a shelter, uses illegal drugs, or has HIV?	Y	N
6. Has your child drunk raw milk or eaten unpasteurized cheese?	Y	N
7. Does your child have a household member who was born outside the United States? (Answer yes only if the household member was born in Africa, Asia, Latin America, or Eastern Europe)	Y	N
8. Does your child have a household member who has spent longer than one month in Africa, Asia, Latin America, or Eastern Europe.	Y	N

Health Care Provider Signature

COMMENTS: