

Tuberculosis Risk Assessment

Child's Name _____

Date _____

Age of Child _____

Birth Date _____

Please circle the best answer to help us determine if your child needs a Mantoux (PPD) test"

1. Was your child born outside the United States? Yes No Unsure
If yes, where? _____

2. Does your child have a household member who was born outside the United States? Yes No Unsure
If yes, where? _____

3. Has your child traveled outside the United States? Yes No Unsure
If yes where? _____ for how long? _____
where did he/she stay? _____

4. Does your child have a household member who has traveled outside the United States? Yes No Unsure
If yes where? _____ for how long? _____
where did they stay? _____

5. Has your child been exposed to anyone with Tuberculosis? Yes No Unsure

6. Does your child have close contact with or live with someone Yes No Unsure
who has a positive Tuberculosis skin test?

7. Does any household member have HIV or AIDS? Yes No Unsure

8. Has any household member worked in or been put in jail or prison Yes No Unsure
in the last 5 years?

9. Has your child drank raw milk or unpasteurized cheese? Yes No Unsure

10. Does your child have any risk factors: HIV, diabetes, oral steroid treatment, Yes No Unsure
immunocompromised, chronic kidney disease or chemotherapy medications?