

## Tuberculosis Risk-Assessment Questionnaire

1. Was this child born in a country other than the United States? YES NO

If yes, where was he/she born? \_\_\_\_\_

2. Was this child's mother or father born in a country other than the United States? YES NO

If yes, where were they born? \_\_\_\_\_

3. Has this child traveled to another country since their last physical exam? YES NO

If yes, where did he/she travel? \_\_\_\_\_

With whom did he/she stay? Friends Relatives Hotel

How long did he/she travel? Less than 1 week 1 week or more

4. Has this child been exposed to anyone with tuberculosis since his/her last physical exam? YES NO

5. Does this child have close contact with anyone with a positive tuberculosis skin test since his/her last physical exam? YES NO

6. Does this child spend time with anyone who has been in jail or a shelter, uses illegal drugs, or has HIV/AIDS since his/her last physical exam? YES NO

7. Does any person live or work in this child's home who was born in a country other than the United States or has had significant foreign travel to high risk areas? YES NO

If yes, in what country were they born? \_\_\_\_\_