

PEDIATRIC
TB RISK QUESTIONNAIRE

Name: _____ D.O.B.: _____

Date: _____ Age: _____

Form filled out by: _____

1. Was your child born outside the United States? YES NO

If yes, where was your child born? _____
(High Risk Region: any country in Africa, Asia, Central America, South America, or Eastern Europe)

2. Has your child traveled outside the United States for more than one week? YES NO

If yes, where did your child travel? _____
How long was your child outside the United States? _____

3. Has your child been exposed to anyone with TB disease? YES NO

4. Has a family member or close contact had a positive Tuberculin skin test (PPD)? YES NO

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