

TUBERCULOSIS RISK QUESTIONNAIRE

The American Academy of Pediatrics recommends focusing tuberculin skin testing on children who are at increased risk of acquiring tuberculosis. Children without risk factors who reside in low prevalence regions do not need to have routine tuberculin skin testing. Your answers to the following questions will help determine whether PPD skin testing might be necessary for your child.

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|--|---|---|------------|
| 1. Does your child's school/daycare require TB skin testing? | Y | N | Don't know |
| 2. Has your child experienced any of the following? | Y | N | Don't know |
| Persistent or intermittent fever | Y | N | Don't know |
| Night sweats | Y | N | Don't know |
| Chronic cough | Y | N | Don't know |
| Blood in sputum | Y | N | Don't know |
| Excessive weight loss | Y | N | Don't know |
| 3. Have you, your child or any family member been in contact with any person with confirmed or suspected tuberculosis? | Y | N | Don't know |
| <i>This includes anyone with a recent positive TB test or anyone presently receiving treatment or medication for TB.</i> | | | |
| 4. Has there been travel to or significant contact with any person from any country endemic for tuberculosis such as Asia, Middle East, Africa or Latin America. | Y | N | Don't know |
| 5. Has your child been routinely exposed to any of the following or any individuals with the following? | Y | N | Don't know |
| HIV infected | Y | N | Don't know |
| Homeless | Y | N | Don't know |
| Residents of nursing home | Y | N | Don't know |
| Institutionalized/incarcerated person | Y | N | Don't know |
| Migrant farm workers | Y | N | Don't know |

Children infected with HIV or living in households with HIV infected persons should be tested yearly.

Patient: _____ Date of Birth: _____

Parent/
Guardian Signature: _____ Date: _____