



## Bright Futures Medical Screening Questionnaire 5 Year Visit

Please answer the following questions about your child's health by circling Y, N, or Unsure.

|   |   |   |        |
|---|---|---|--------|
| Does your child have a sibling or playmate who has or had lead poisoning?   | Y | N | Unsure |
| Does your child live in or regularly visit a house or child care facility built before 1978 that is being or has recently been (within the last 6 months) renovated or remodeled? | Y | N | Unsure |
| Does your child live in or regularly visit a house or child care facility built before 1950?  | Y | N | Unsure |
| Was your child born in a country at high risk for tuberculosis (countries other than the United States, Canada, Australia, New Zealand, or Western Europe)?                       | Y | N | Unsure |
| Has your child traveled (had contact with resident populations) for longer than 1 week to a country at high risk for tuberculosis?  | Y | N | Unsure |
| Has a family member or contact had tuberculosis or a positive tuberculin skin test?   | Y | N | Unsure |
| Is your child infected with HIV?  | Y | N | Unsure |
| Do you ever struggle to put food on the table?  | Y | N | Unsure |
| Does your child's diet include iron-rich foods such as meat, eggs, iron-fortified cereals, or beans?  | N | Y | Unsure |



American Academy  
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