



Bright Futures Medical Screening Questionnaire 6 Year Visit

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

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| 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 |
| Does your child have parents or grandparents who have had a stroke or heart problem before age 55? | Y | N | Unsure |
| Does your child have a parent with elevated blood cholesterol (240 mg/dL or higher) or who is taking cholesterol medication? | Y | N | Unsure |
| Does your child eat a strict vegetarian diet? | Y | N | Unsure |
| If your child is a vegetarian, does your child take an iron supplement? | N | Y | Unsure |
| Does your child's diet include iron-rich foods such as meat, eggs, iron-fortified cereals, or beans? | N | Y | Unsure |
| Does your child have a dentist? | N | Y | Unsure |
| Does your child's primary water source contain fluoride? | N | Y | Unsure |



American Academy
of Pediatrics



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