

Patients Full Name: _____ Date of Birth: _____

Tuberculosis Risk Assessment Questionnaire

(Individuals treated for tuberculosis or currently active should not be tested.) Any "yes" answer means the child is at high risk, should receive a tuberculin skin test (Mantoux) which should be read by a health professional and the Public Health Department should be notified (see Section 902.2j)

YES NO

- ___ ___ 1) Is the child in close contact of a person with infectious tuberculosis?
- ___ ___ 2) Does the child have HIV infection or is he/she considered at high risk for HIV infection?
- ___ ___ 3) Is the child foreign born (especially Asian, African, Latin or American), a refugee or a migrant?
- ___ ___ 4) Is the child in contact with an incarcerated person or a person who was incarcerated or a person who was incarcerated in the past five (5) years?
- ___ ___ 5) Is the child exposed to the following individuals: HIV infected, institutionalized adolescents or adults, users of illicit drugs?
- ___ ___ 6) Does the child have a medical condition or treatment of a medical condition which suppresses the immune system?
- ___ ___ 7) Does the child live in a community in which it has been established that a high risk exists for tuberculosis?

OTHER: _____