



Tuberculosis Risk Factor Questionnaire

Parent /guardian , please circle YES or NO.

Patient name: _____ DOB: _____ Today's Date: _____

1. Was your child born outside the United States ? [Yes] [No]
2. Does your child have a **household member** who was born outside of the U.S. or lived outside of U.S. within the last 10 years? [Yes] [No]
3. Has your child traveled outside of the U.S? [Yes] [No]
 If Yes, Where to and for how long? _____
4. Has your child ever had a TB skin test? [Yes] [No]
 If yes, when ? _____ Result : Positive Negative
5. Does your child have **regular** contact with someone with a positive tuberculosis test? [Yes] [No]
6. Does your child have **regular** contact with anyone who has been in jail, in a shelter, or in a nursing home? [Yes] [No]
7. Is your child immunocompromised by HIV, medication, or chemotherapy? [Yes] [No]
8. Does your child have regular contact with someone who uses IV drugs, or someone who is immunocompromised by HIV, medication or chemotherapy? [Yes] [No]
9. Is your child in foster care or adopted? [Yes] [No]
10. Do you have any concerns that your child may have symptoms of tuberculosis? [Yes] [No]

Lead Risk Factor Questionnaire

IF YOUR CHILD IS 1, 2 , OR 5 YEARS OF AGE PLEASE CIRCLE THE CORRECT ANSWER FOR YOUR CHILD.

[Yes] [No] - Receives benefits from Medicaid or WIC. (IF YES...MUST HAVE LEAD TEST)

******(Medicaid requires all children [who have Medicaid] to have a lead test at 12 months, & 24 months of age. Children between 24 and 72 months who have not had a lead test, need to have one test)

[Yes] [No] - Lives in or regularly visits a home, preschool or daycare built before 1950.

[Yes] [No] –Lives in or regularly visits an un-renovated: home, preschool or daycare built before 1978 with chipping or peeling paint or with planned renovations.

[Yes] [No] - Has a sibling, house mate or playmate being followed or treated for lead poisoning.

[Yes] [No] - Lives with an adult whose job or hobby involves exposure to lead.

[Yes] [No] - Lives near an active lead smelter, battery recycling or other heavy industrial building.

[Yes] [No] - Are there any concern/worries about possible lead ingestion or exposure?

HEALTHCARE PROVIDER ONLY: Needs PPD? YES NO Provider signature: _____	HEALTHCARE PROVIDER ONLY: Needs LEAD? YES NO Provider signature: _____
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