

## Tuberculosis Risk Screen

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

This child	No	YES
<ul style="list-style-type: none"> <li>• Was born in or visited a foreign country (excluding Canada, Europe, Australia, New Zealand, Africa, or Latin America).</li> </ul>	<input type="radio"/>	<input type="radio"/>
<ul style="list-style-type: none"> <li>• Lived or visited with an adult with a positive TB test who has had no treatment for TB disease or infections.</li> </ul>	<input type="radio"/>	<input type="radio"/>
<ul style="list-style-type: none"> <li>• Lived or visited with an adult who has been treated for TB disease.</li> </ul>	<input type="radio"/>	<input type="radio"/>
<ul style="list-style-type: none"> <li>• Has a health condition that caused decrease immunity.</li> </ul>	<input type="radio"/>	<input type="radio"/>
<ul style="list-style-type: none"> <li>• Has symptoms of TB disease: productive cough (more than 4 weeks) Night sweats, weight loss, fever or loss of appetite.</li> </ul>	<input type="radio"/>	<input type="radio"/>
<ul style="list-style-type: none"> <li>• Has a family member with symptoms of TB disease.</li> </ul>	<input type="radio"/>	<input type="radio"/>

Physician/Parent any yes answer indicates the child is at risk for TB exposure. The risk is low only if all answers are definitely no.

All children with a risk of TB exposure should have a PPD test at 12 months of age.

**Results:**

- This child has a low risk of exposure to TB and does not require testing.
- This child is at risk for TB exposure

A PPD has been administered \_\_\_\_\_ Date \_\_\_\_\_

PPD results \_\_\_\_\_ Date \_\_\_\_\_

If results are greater than 4mm, child is to be referred to the Health Department for follow up (with a copy of original results)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Health Professional